

CDPHE				DHS
Identifier	Title	CCR	Text	Identifier
0104	Federal and State compliance	VIII-1.2	A facility for the developmentally disabled, as defined herein, shall comply with all applicable federal and state statutes and regulations, including, but not limited to, the following:	
0112	Definitions	VIII-2.0		
0113	Definition-Administrator	VIII-2.1	Administrator - A person who is responsible for the overall operation and daily administration, management and maintenance of the facility.	
0114	Definition-Community Residential Home for DD	VIII-2.2	Community Residential Home for Persons with Developmental Disabilities - a group living facility accommodating at least four but no more than eight adults, licensed by the state, where services and supports are provided to persons with developmental disabilities	
0115	Definition-Department	VIII-2.3	Department - the Colorado Department of Public Health and Environment or its designee	

0116	Definition of DD	VIII-2.4	Developmental Disability - a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation	
0117	Definition-Facility for person with DD	VIII-2.5	Facility for Persons with Developmental Disabilities - a facility specially designed for the active treatment and habilitation of persons with developmental disabilities	
0118	Definition-Governing Body	VIII-2.6	Governing Body - the individuals, service agency or community centered board when acting as a service agency that has the ultimate authority and legal responsibility for the management and operation of the facility	

0119	Definition-ICF-MR	VIII-2.7	Intermediate Care Facility for Persons with Developmental Disabilities - a residential facility that is certified by the Centers for Medicare and Medicaid (CMS) to provide habilitative, therapeutic and specialized support services to adults with developmental disabilities.	
0120	Definition: Plan Review	VIII-2.8	Plan Review - review by the Department, or its designee, of new construction or remodeling plans to ensure that the facility will maintain compliance with the applicable National Fire Protection Association (NFPA) Life Safety Code and this Chapter VIII. Plan review consists of the analysis of construction plans and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.	
0121	Definition-Resident	VIII-2.9	Resident - an individual admitted to and receiving services from a facility for persons with developmental disabilities.	
0200	License types	VIII-3.1		
0201	ICF-MR or RCF-DD license	VIII-1(A)	A facility for persons with developmental disabilities shall be licensed as either an Intermediate Care Facility for Persons with Developmental Disabilities or a Community Residential Home for Persons with Developmental Disabilities, depending upon the size of the facility and the services offered.	
0202	General License Requirements	VIII-3.2		

0204	Compliance with local zoning laws	VIII-3.2(A)	A facility for persons with developmental disabilities shall demonstrate compliance with local building and zoning codes prior to initial licensure and license renewal	
0206	Minimum 750 feet between homes	VIII-3.2(B)	In addition to local requirements, there shall be a minimum distance between such homes of seven hundred and fifty (750) feet. Evidence of such local compliance shall be submitted to the Department in the manner requested	
0208	Chapter II compliance with ownership	VIII-3.2(C)	A facility for persons with developmental disabilities shall comply with the requirements of 6 CCR 1011-1, Chapter II, regarding license application procedures, the process for change of ownership and the continuing obligations of a licensee.	

0210	Prog Appr from DDD prior to licensure	VIII-3.2(D)	Prior to licensure, a Community Residential Home for Persons with Developmental Disabilities shall provide the Department with verification that it has obtained program approval from the Colorado Department of Human Services, Division of Developmental Disabilities to provide the relevant services	
0211	License Term	VIII-3.3		
0213	ICF-MR license term 12 mo	VIII-3.3(A)	The license for an Intermediate Care Facility for Persons with Developmental Disabilities shall be valid for twelve (12) months unless otherwise suspended or revoked.	
0215	RCF-DD license 24 month	VIII-3.3	The license for an Intermediate Care Facility for Persons with Developmental Disabilities shall be valid for twelve (12) months unless otherwise suspended or revoked. (CHECK THIS CITE)	

0217	Denial, termination or revocation	VIII-3.3(C)	In the event of a denial, suspension, or revocation of a facility ' s license or the facility ' s program approval, the Department shall assist the Department of Human Services or the Department of Health Care Policy and Financing in overseeing the relocation of the residents.	
0218	Licensure Fees	VIII-3.4	All license fees are non-refundable. More than one fee may apply depending upon the circumstances. The total fee shall be submitted with the appropriate license application	
0220	Initial License Fee	VIII-3.4(A)		
0221	License fee for community home	VIII-3.4(A)(I)	Community Residential Home for Persons with Developmental Disabilities: \$2,500	
0223	ICF-MR licensure fee	VIII-3.4(A)(II)	Intermediate Care Facility for Persons with Developmental Disabilities: \$6,000	
0225	License renewal fees	VIII-3.4(B)	Effective July 1, 2011, the renewal fee shall be:	
0227	Community Home renewal fee	VIII-3.4(B)(I)	Community Residential Home for Persons with Developmental Disabilities: \$ 750	
0229	Renewal fee for ICF-MR	VIII-3.4(B)(2)	Intermediate Care Facility for Persons with Developmental Disabilities: \$1,600.	
0231	Change of Ownership	VIII-3.4(C)		

0232	Change of ownership requirement & fees	VIII-3.4(C)(I)	Change of ownership shall be determined in accordance with the criteria set forth in 6 CCR §1011-1, Chapter II, Part 2. The change of ownership fee shall be:	
0234	Fee community home	VIII-3.4.(C)(2)	Community Residential Home for Persons with Developmental Disabilities: \$2,500.	
0236	Fee ICF-MR	VIII-3.4(C)(III)	Intermediate Care Facility for Persons with Developmental Disabilities: \$6,000.	
0238	Revisit Fee	VIII-3.4(D)		
0239	Cause for fee increase	VIII-3.4(D)(I)	A facility ' s renewal license fee may be increased as the result of a licensure inspection or substantiated complaint investigation where a deficient practice is cited that has either caused harm or has the potential to cause harm to a consumer and the agency has failed to demonstrate appropriate correction of the cited deficiencies at the first on-site revisit.	
0240	Second onsite fee	VIII-3.4(D)(II)	The fee shall be 50 percent of the facility ' s renewal license fee and shall be assessed for the second on-site revisit and each subsequent on-site revisit pertaining to the same deficiency	
0300	Governing Body	VIII-4.0		
0301	Governing body responsibilities	VIII-4.1	The governing body shall establish a policy that defines its composition and authority.	
0302	Governing body oversight	VIII-4.2	The governing body shall oversee the policy, budget and operational direction of the facility. If a governing board oversees more than one facility, it shall maintain documentation concerning the oversight of each facility	

0303	Governing body shall establish	VIII-4.3	The governing body shall establish a system for monitoring and reviewing the medical care and health of the residents receiving services at the facility.	
0304	Governing body appoint administer	VIII-4.4	The governing body shall appoint an administrator who shall have the authority to implement the policies and procedures and be responsible for the day to day management of the facility.	
0306	Policy & Procedure for admit & discharge	VIII-4.5	The governing body shall create policies and procedures for admission and discharge of residents that fully comply with state and federal law	
0320	Administrator	VIII-5.0	Administrator	
0321	Full time administrator	VIII-5.1	The administrator shall be responsible on a full time basis to the governing body for planning, organizing, developing and controlling the operations of the facility.	
0322	Administrator-written plan of organization	VIII-5.2	The administrator shall develop a written plan of organization detailing the authority, responsibility, and functions of each category of personnel.	



0323	Administrator- annual review of policy & proc	VIII-5.3	The administrator, in consultation with one or more physicians and one or more registered professional nurses and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for the care of the residents, including, but not limited to, admission and transfer of residents; dental, diagnostic, dietary, medical and emergency care; nursing, pharmaceutical, physical and occupational therapy, training and social services as applicable.	
0324	Quality Improvement exclusion	VIII-5.3(A)	A community residential home that submits a quality improvement plan to the Department for approval, and implements and maintains a quality management program in accordance with the approved plan shall be excluded from the requirement listed in section 5.3 of this chapter.	
0325	Administrator- accounting and audits	VIII-5.4	The administrator shall ensure that a recognized system of accounting is used to accurately reflect the details of the business. A fiscal audit, including resident funds that are managed by the facility, shall be performed at least annually by a qualified auditor independent of the facility.	
0326	Administrator ensures mainenance of records	VIII-5.5	The administrator shall ensure that the facility maintains the following records:	
0327	Administrator ensures daily census	VIII-5.5(A)	A daily census,	

0328	Administrator-admission & discharge records	VIII-5.5(B)	Admission and discharge records, and	
0329	Administrator-master record database	VIII-5.5(C)	A master resident database.	
0400	Personnel and Staffing	VIII-6.0	Personnell and staffing	
0401	Employ only qualified staff	VIII-6.1	The administrator shall only employ staff members who are qualified by education, training, and experience.	

0403	Background checks	VIII-6.2	The administrator shall ensure that a background check is performed for each unlicensed staff member providing direct care prior to the staff member ' s contact with residents.	
0405	Further inquiry into background check	VIII-6.2(A)	If any background check reveals prior convictions of a violent, fraudulent or abusive nature, the administrator shall inquire further to determine the potential impact on resident safety in accordance with facility policy.	
0407	Background check-document reason for hire	VIII-6.2(B)	If an individual is hired despite a background check that reveals a prior conviction of a violent, fraudulent or abuse nature, the administrator shall document the reasons for hire and plans for supervision.	
0409	Personel records-communicable dis	VIII-6.3	The facility shall maintain personnel records on each staff member including employment application, resume of employee's training and experience, verification of credentials, and evidence regarding the absence or control of communicable diseases such as tuberculosis or hepatitis B.	
0411	Personnel policies and job descriptions	VIII-6.4	There shall be written personnel policies including, but not limited to, job descriptions that clarify the type of functions to be performed, the conditions of employment, management of employees and the quality and quantity of resident services to be maintained.	

0413	Personnel policies to new hires	VIII-6.5	The administrator shall provide notice of the personnel policies to each staff member when hired and shall explain the policy during the initial staff orientation period. If changes are made to the personnel policies, the facility shall notify employees of the changes in a timely manner and document the date of such notification.	
0415	Sufficient trained staff	VIII-6.6	The administrator shall ensure that there is sufficient trained staff on duty to meet the needs of all residents at all times. A resident may be allowed to remain unsupervised in the facility only when all of the following criteria are met:	
0417	IP or safety plan allows unsupervised time	VIII-6.6(A)	The resident ' s individual plan or safety plan allows for the unsupervised time;	
0418	Telephone access with 15 minute staff arrival	VIII-6.6(B)	The resident has telephone access to a staff member who shall be immediately available by telephone and able to arrive at the facility within 15 minutes, if necessary;	
0419	Unsupervised time no more than 4 hours	VIII-6.6(C)	The unsupervised period does not exceed four (4) hours at a time	

0420	Only 1 resident at a time unsupervised	VIII-6.6(D)	No more than one resident at a time shall be left unsupervised; and	
0421	Unsupervised time not for convenience of staf	VIII-6.6(E)	Any unsupervised time is not merely for the convenience of the staff.	
0424	Residents do not perform staff functions	VIII-6.7	The administrator shall ensure that the facility does not depend upon residents to perform staff functions.	
0426	Volunteers not included in staffing plan	VIII-6.8	A facility may use volunteers, but any volunteer shall not be included in the facility ' s staffing plan in lieu of employees.	
0450	Training	VIII-7.0	Training	
0451	Policy & Procedure initial orientation	VIII-7.1	The administrator shall develop and implement a policy and procedure for the initial orientation and on-going training of staff to ensure that all duties and responsibilities are accomplished in a competent manner. The policy and procedure shall include, but not be limited to, the following:	
0452	Extent & type of orientation	VIII-7.1 (A)	The extent and type of orientation for all new staff prior to unsupervised contact with residents	

0453	Training specific to resident(s)	VIII-7.1(B)	Job training specific to the residents ' needs shall be provided to each staff member prior to that staff member working unsupervised with any resident. Such training shall include, at a minimum, medical protocols, therapy programs, activities of daily living needs, special services, and each resident ' s evacuation capabilities.	
0454	Training required within first 30 days	VIII-7.1(C)	Within the first 30 days of employment, staff shall receive training in resident rights, abuse and neglect prevention, reporting abuse, neglect, mistreatment and exploitation	
0456	Staff monitoring and annual evaluations	VIII-7.2	The administrator shall develop and implement a process for staff monitoring including an annual written evaluation of staff competency specific to the duties required at the facility and resident needs	
0457	Retraining and reevaluate competency	VIII-7.2(A)	If a staff member fails the annual competency evaluation, the administrator shall provide retraining and reevaluate to demonstrate competency is achieved.	
0460	Training in emergency procedures	VIII-7.3	The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation	
0461	Document staff training	VIII-7.4	The administrator shall document all staff training including in-service training.	
0500	Admissions	VIII-8.0	Admissions	

0501	Admissions policy	VIII-8.1	The facility shall have a written policy that specifies that it will only admit those individuals whose needs can be met within the accommodations and services the facility provides	
0502	Admission information prior to admission	VIII-8.2	Prior to or upon admission of a resident, the facility shall ensure that it obtains the essential information pertinent to the care of the resident including a medical evaluation report.	
0503	Proper identification of the resident	VIII-8.3	Upon admission, adequate measure shall be taken to insure the proper identification of the resident	

0504	Designated bedroom	VIII-8.4	No resident shall be admitted for care to any room or area other than one regularly designated as a bedroom. There shall be no more residents admitted to a bedroom than the number for which the room is designed and equipped	
0524	Resident Rights	VIII-9.0	Resident rights	
0526	Policies & Procedures for resident rights	VIII-9.1	Each facility shall have written policies and procedures for residents' rights. Those policies and procedures shall address the patient rights set forth in 6 CCR, Chapter II, Part 6, and the standards listed in Section 27-10.5-112 through 128, C.R.S. and 2 CCR 503-1, Section 16, Developmental Disabilities Services. Such policies and procedures shall also include specific provisions regarding the following:	
0527	Right: state and federal law med admin	VIII-9.1(A)	The right to have medications administered in a manner consistent with state and federal law and regulation	



0528	15 day notice of termination	VIII-9.1(B)	The right to resident notice at least 15 days prior to the effective date when there is a decision to terminate services or transfer the resident	
0529	Transfer in the best interest of the resident	VIII-9.1(C)	Assurance that any resident transfer shall be in the best interests of the resident and not for the convenience of the facility	
0530	Monitoring of abuse, neglect	VIII-9.1(D)	An effective monitoring mechanism to detect instances of abuse, mistreatment, neglect and exploitation. Monitoring shall include, at a minimum, a review of the following items.	

0531	Monitoring incident reports	VIII-9.1(D)(1)	Incident reports;	
0532	Verbal and written reports	VIII-9.1(D)(2)	Verbal and written reports from residents, advocates, families, guardians, friends of residents or others; and	
0533	Verbal and written reports of behavior change	VIII-9.1(D)(3)	Verbal and written reports of unusual or dramatic changes in behaviors or residents.	
0534	Plan for unannounced supervisory visits	VIII-9.1(D)(4)	A plan for frequent unannounced supervisory visits to each residence or facility on all shifts.	

0535	Procedures for investigating abuse	VIII-9.1(E)	Procedures for identifying, reporting, reviewing and investigating all allegations of abuse, mistreatment, neglect and exploitation.	
0536	Procedures for disciplinary actions	VIII-9.1(F)	Procedures for timely and appropriate disciplinary action up to and including termination of staff and appropriate legal recourse against any staff member who has engaged in abuse, mistreatment, neglect or exploitation of a resident.	
0540	Administrator will implement	VIII-9.2	The facility administrator shall ensure implementation of the following items	
0541	Staff aware of law, pol & proc with abuse neg	VIII-9.2(A)	All staff members are aware of applicable state law and facility policies and procedures related to abuse, mistreatment, neglect and exploitation,	

0542	Facility adheres to law & policy & procedure	VIII-9.2(B)	The facility adheres to federal and state law along with the facility ' s own policies and procedures for residents ' rights	
0543	Residents informed of rights	VIII-9.2(C)	The facility demonstrates that the residents are informed of their rights and those rights are protected.	
0544	Immediate reporting of abuse to administrator	VIII-9.2(D)	Immediate reporting to the facility administrator or designee by any staff member who observes, or is aware of, abuse, mistreatment, neglect or exploitation of a resident, and prompt action to protect the safety of the affected resident and all other residents in the facility;	
0545	Reporting the next business day	VIII-9.2(E)	Reporting of any alleged incident or occurrence to the parent, guardian or authorized representative within 24 hours, and to the department by the next business day consistent with 6 CCR 1011-1, Chapter 2, section 3.2; and	

0546	Investigated within 5 working days	VIII-9.2.(F)	All alleged incidents of abuse, mistreatment, neglect, injuries of unknown origin or exploitation shall be thoroughly investigated within five (5) working days. An investigative report shall be prepared that includes, at a minimum:	
0547	Preliminary results of investigation	VIII-9.2(F)(1)	The preliminary results of the investigation;	
0548	Summary of investigative process	VIII-9.2(F)(2)	A summary of the investigative procedures utilized	
0549	The full investigative findings	VIII-9.2(F)(3)	A summary of the investigative procedures utilized	
0550	The administrative review	VIII-9.2(F)(4)	The administrative review	
0551	The actions taken	VIII-9.2(F)(5)	The action(s) taken.	
0575	Resident Funds	VIII-10.0	Resident Funds	

0577	Resident funds policy & procedures	VIII-10.1	The facility shall develop and implement written policies and procedures regarding resident funds.	
0579	Resident Funds-accounting syste,	VIII-10.2	The facility shall establish and maintain an accounting system that ensures a full, complete and separate accounting, according to generally accepted accounting principles, of each resident ' s personal fund entrusted to the facility on the resident ' s behalf.	
0580	Precludes co-mingling of funds	Viii-10.2(A)	(A) The facility shall ensure that its accounting system precludes any commingling of resident funds with facility funds or with the funds of any person other than another resident.	

0581	Monitor accounting system	VIII-10.2.(B)	(B) The facility shall regularly monitor its accounting system to ensure the policies and procedures are being appropriately implemented and resident funds are protected from misuse.	
0583	Financial records available	VIII-10.3	Upon request, the facility shall make a resident ' s financial record available to the resident, the resident ' s parents or legal guardian.	
0600	Resident Records	VIII-11.0	Resident Records	
0601	Initial record requiremnts	VIII-11.1	Initial record requirements	

0602	Minimum information upon admission	VIII-11.1(A)	The following minimum information shall be recorded in the resident's program or medical record upon admission to the facility for persons with developmental disabilities	
0603	Name, previous address, and birth date	VIII-11.1(A)(1)	Name, previous address, and birth date	
0604	Emergency contact information	VIII-11.1(A)(2)	Name, address, and phone number of legal guardian (if any), person to contact in an emergency, physician, dentist, and case manager; and	
0605	Special needs and current medications	VIII-11.1(A)(3)	Special needs, allergies, and current medication. If a resident has an allergy to any substance, a notice shall be placed in a conspicuous place on the resident's record	
0608	To the extent possible additional information	VIII-11.1(b)	To the extent possible, the following shall also be obtained	



0609	Assessments for the previous 12 months	VIII-11.1(B)(1)	The results of assessments conducted within the previous 12 months	
0610	Programs information	VIII-11.1(B)(2)	All individual service and support plans (ISSP) and service/individualized plans (SP/IP), as appropriate, developed within the previous 12 months	
0611	Record of prescriptions previous 12 month	VIII-11.1(B)(3)	Record of prescriptions of medications within the previous 12 months	
0612	Medical information for the previous 12 month	VIII-11.1(B)(4)	Dates and descriptions of illnesses, accidents, significant changes of condition, treatments thereof, and immunizations for the previous 12 months	
0613	Summary of hospitalization previous 12 month	VIII-11.1(B)(5)	Summary of hospitalizations for the previous 12 months, to include recommendations for follow-up and treatment; and	

0614	Other relevant health information	VIII-11.1(B)(6)	Any other information relevant to the health of the resident	
0616	Continuing Record Requirements	VIII-11.2	Continuing Record Requirements	
0617	Active program of medical records	VIII-11.2(A)	Each facility shall maintain active program and medical records for individual residents that also contain the following	
0618	All information in 11.1	VIII-11.2(A)(1)	All information required by Section 11.1 of this chapter	
0619	Resident funds	VIII-(11.2(A)(2)	A record of the use of the resident's funds including all debits, credits and a description of purchases if supervised by the licensee	
0620	Current IP and ISSP and implementation	VIII-11.2(A)(3)	Current individualized plan and individual service and support plans, as appropriate, along with documentation of their implementation and progress toward meeting the goals.	

0621	Current photo	VIII-11.2(A)(4)	Current photo of resident.	
0622	General physical characteristics	VIII-11.2(A)(5)	General physical characteristics	
0623	General personality characteristics	VIII-11.2(A)(6)	General description of personality characteristics;	
0624	Quarterly weight annual height	VIII-11.2(A)(7)	Quarterly weight and annual height measurement of all residents;	
0625	Medical interventions and treatments	VIII-11.2(A)(8)	Records of interventions and treatments provided by physicians, therapists, nurses and other professional staff	
0626	Prescriptions and medications last 12 month	VIII-11.2(A)(9)	Records of prescriptions ordered and medication administered in the previous 12 months; and	

0627	As applicable, information about death	VIII-11.2(A)(10)	Date, time and circumstances of resident's death, when applicable	
0630	Entries dated and authenticated	VIII-11.2(B)	All entries in any resident record shall be dated and authenticated. Acceptable authentication shall be the staff ' s written signature, identifiable initials, computer key, or other appropriate technological means	
0631	Available to the Department	VIII-11.2(C)	All records specifically required by these standards shall be made available to the department for purposes of enforcing these regulations. If records are maintained electronically, they shall be made available to the Department in a manner that allows for a timely efficient and complete review.	
0632	Medical Record Retention	VIII-11.3	Medical Record Retention	
0633	Medical record definition	VIII-11.3(A)	Medical records are those records pertaining to the health status and related medical services and treatments of the resident. Such records do not include documents involving services and programs.	

0634	Years of required medical records retention	VIII-11.3(B)	All medical records for adults (persons eighteen (18) years of age or older) shall be retained for no less than ten (10) years after the last date of service or discharge from the facility. All medical records for minors shall be retained after the last date of service or discharge from the facility for the period of minority plus ten (10) years.	
0700	Infectious Disease Prevention & Control	VIII-12.0	Infectious Disease Prevention & Control	
0701	Infectious disease control program	VIII-12.1	The administrator shall develop and implement an infectious disease control program that includes procedures to track and trend infections that are known or become known among staff and residents that may affect the safety of the residents, and in-service training programs for microbial and infectious disease control.	
0703	TB screening	VIII-12.2	The administrator shall develop and implement a procedure for tuberculin screening of staff that is consistent with the Centers for Disease Control " Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, " U.S. Department of Health and Human Services Centers for Disease Control and Prevention, which is incorporated by reference.	
0705	General cleaning	VIII-12.3	The facility shall develop and implement procedures for handling soiled linen and clothing, storing personal care items, and general cleaning which minimizes the spread of pathogenic organisms	

0707	Policies for infection control	VIII-12.4	The facility shall have written policies addressing infectious disease control including, but not limited to, the following:	
0708	Environmental controls to prevent infection	VIII-12.4.[A]	(A) Environmental controls to prevent or limit the spread of infection;	
0710	Protective isolation	VIII-12.3(b)	The protective isolation of residents who have an infectious disease; and	
0712	Reporting of diseases 6 CCR 1009-1	VIII-12.4(C)	The reporting of diseases as required by the Department ' s Rules and Regulations Pertaining to Epidemic and Communicable Disease Control, 6 CCR 1009-1.	
0716	Universal precautions	VIII-12.5	Personnel shall practice universal precautions	
0800	Dietary Services	VIII-13.0	Dietary Services	
0801	Food procured, stored, prepared safely	VIII-13.1	All food shall be procured, stored and prepared safely. At least a three-day supply of food shall be available in the facility in case of emergency.	
0802	Meals planned 7 days in advance	VIII-13.2	Meals shall be planned seven (7) days in advance and in a manner that incorporates resident involvement.	
0803	Nutritionally adequate diet	VIII-13.3	Meals shall provide a nutritionally adequate diet for all residents, based upon the Dietary Guidelines for Americans, 2005, U.S. Department of Health and Human Services and U.S. Department of Agriculture, 6th Edition, which is incorporated by reference	

0804	body weight and protein levels	VIII-13.3(A)	The facility shall ensure that the meals provided maintain acceptable parameters of nutritional status such as body weight and protein level unless the resident ' s clinical condition demonstrates that this is not possible	
0805	Diet manual	VIII-13.4	The facility shall have a diet manual that provides guidance for the preparation of diet menus including special diets.	
0806	Dietitian review	VIII.13.5	The facility shall have a qualified dietitian perform an initial review of all specialized, prescribed diet plans to ensure they meet diet guidelines and be available for consultation regarding any changes to the special dietary needs of the residents.	
0807	Records of meals for 30 days	VIII-13.6	Records of meals prepared including available options and substitutions shall be kept by the facility staff and shall be available for review for a period of 30 days.	
0808	Meals for holidays and season	VIII-13.7	Meals shall vary daily and be appropriate for holidays and seasonal conditions	
0809	Reasonable access to food-snacks available	VIII-13.8	Residents shall have reasonable access to food supplies. Between-meal snacks of nourishing quality shall be available	
0810	Assistance with eating as required	VIII013.9	Staff support shall be available to all residents who need assistance during meals.	
0811	Special Diets	VIII-13.10	Special Diets	

0812	Allergies and therapeutic diets documented	VIII-13.10(A)	Known food allergies and prescribed therapeutic diets shall be documented and such information shall be made available to facility staff preparing meals.	
0813	All staff aware of allergies and special diet	VIII-13.10(B)	The administrator shall ensure that all staff, including volunteers and temporary staff, are aware of and adhere to any resident ' s food allergies and/or special dietary requirements	
0814	Special Diets are provided	VIII-13.10(C)	The facility shall ensure that it is providing food that meets the special dietary needs of the residents.	
0900	Medications	VIII 14	Medications	
0901	Medication-Definition	VIII 14.1	Unless otherwise specified, " medications " refers to substances defined in section 12-22-102(11) C.R.S., as well as dietary and nutritional supplements.	
0902	Self-Administration Review	VIII 14.2	On at least a quarterly basis, facility staff shall review the medications and dosage taken by residents who are self-administering.	
0904	Prescriptions Lawfully Labeled	VIII 14.3	Prescription medications shall be administered from containers or packages that are lawfully labeled.	



0906	Physician Review of Medication	VIII 14.4	The facility shall ensure that the primary care physician or other authorized, licensed practitioner designated to coordinate a resident's care reviews each resident's medication regimen on an annual basis for a stable regimen and whenever there is a change in the medication regimen.	
0908	Distribution of Meds at Discharge	VIII 14.5	At the time of discharge or transfer, medications belonging to a resident shall be given to the resident ' s legal guardian, nurse or qualified medication administration staff member at the new residence.	
0910	P&P for Med. Procurement, Storage, etc.	VIII 14.6	The governing body shall establish policies and procedures which ensure the appropriate procurement, storage, administration and disposal of all medications including, but not limited to, the following:	
0912	Medications Locked/Narcs Double Locked	VIII 14.6(A)	All medications shall be stored in locked containers according to the appropriate light and temperature conditions and all controlled medications shall be double locked.	

0914	Med. Admin. Documentation	VIII 14.6(B)	Documentation of medication administration to residents including time and dosage given, name of staff administering and, if applicable, drug reaction or refusal by the resident. Medications shall be administered only by persons authorized by law to do so.	
0916	QMAP's in Group Homes	VIII 14.6(B)(1)	A Community Residential Home for Persons with Developmental Disabilities may use qualified medication administration staff members (QMAPs) provided the facility fully complies with sections 25-1.5-301 through 25-1.5-303 C.R.S., and 6 CCR 1011-1, Chapter XXIV, Medication Administration Regulations.	
0918	QMAP's Restricted from ICF-MR	VIII 14.6(B)(2)	QMAPs shall not be used by an Intermediate Care Facility for Persons with Developmental Disabilities.	
0920	Reporting of Med. Errors	VIII 14.6(C)	Reporting medication errors and refusals to the program director, consulting nurse and primary care physician.	
0922	Med. Transport in Community	VIII 14.6(D)	Administration and transport of medications to facilitate community integrations and other activities such as day programs, vacation and home visits.	
0926	Administrator Monitor Compliance with Med P&P	VIII 14.7	The administrator shall implement and monitor compliance with all policies and procedures related to controlled medication receipt, storage, administration and disposal.	
0927	Designated Med. Prep Area	VIII 14.8	There shall be a designated medication preparation area separated from food that is equipped with a suitable locking device to protect the medications stored therein; a refrigerator equipped with thermometer; counter work space; a list of antidotes for basic home chemicals; and a sink for hand-washing or appropriate supplies for hand cleansing.	

0929	Storage in Med. Prep Area	VIII 14.8(A)	Only medications, medical equipment and supplies shall be stored in the designated preparation area.	
0931	Cleaning Agents not Stored in Med. Prep Area	VIII 14.8(B)	Test reagents, general disinfectants, cleaning agents and other similar products shall not be stored in the medication area.	
0935	Non-Prescription Meds	VIII 14.9	Non-prescription (over-the counter) medications administered to a resident shall meet the following conditions:	
0937	Medications Maintained in Original Container	VIII 14.9(A)	The medication is maintained in the original container with the original label visible, and	
0941	Labeled with Res. Name	VIII 14.9(B)	The medication is labeled with a single resident ' s full name.	
0943	Non-Prescription Drugs Purchased by Res.	VIII 14.10	Non-prescription drugs may be purchased by residents capable of self-administration.	
0950	Medical Svcs & Supplies	VIII 15	Medical Services and Supplies	
0951	P&P for Medical/Health Services	VIII 15.1	The governing body shall establish and the administrator shall implement policies and procedures for medical and health services based on documented applicable standards of practice.	

0953	Med. Tx & Diagnostic Svcs Provided Timely	VIII 15.2	Medical treatment and diagnostic services shall be provided in a timely manner as ordered by the licensed prescriber.	
0955	Primary MD to Coordinate Care	VIII 15.3	Each resident shall have a primary care physician or other qualified, licensed practitioner designated to coordinate resident's care.	
0957	Dental every 2 years	VIII-15.4	The facility shall assist each resident in obtaining an annual dental examination. If the dentist determines that an annual examination is unnecessary, a dental examination shall be conducted at least every two (2) years. The facility shall document the prescribed frequency, results of all dental examinations and any required follow-up services.	
0959	Other medical, dental, therapeutic follow up	VIII-15.5	Other medical, dental and therapeutic assessments, services, and follow-up shall be obtained as ordered by the primary care physician or other authorized, licensed practitioner.	

0961	Annual Medical Exam	VIII 15.6	<p>The facility shall arrange for a medical evaluation of each resident on an annual basis unless a greater or lesser frequency is specified by the primary care physician or other licensed, authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted at least every two (2) years. The facility shall document the results of such evaluations and any required follow-up services.</p>	
0963	Provision of therapeutic & health services	VIII-15.7	<p>The facility shall ensure that all therapeutic and health services utilized by residents are provided by persons or facilities that are licensed, certified, or otherwise authorized by law to provide such services and meet the applicable standards of practice.</p>	

0965	Training in therapeutic & health services	VIII-15.7(A)	Therapeutic and health services may be provided by unlicensed staff only if such staff has been trained by a person licensed, certified, or otherwise authorized by law to provide such services.	
0967	1/4ly monitoring of untrained staff	VIII-15.7(B)	All therapeutic and health services provided by trained, unlicensed staff shall be supervised and monitored at least quarterly by a registered nurse and annually by a person licensed, certified or otherwise authorized by law to provide such services.	
0969	Regular Review of W/C & Assistive Technology	VIII 15.8	Residents who use wheelchairs or other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ensure the continued applicability and fitness of such devices.	
0970	Devices in Good Repair	VIII 15.9	Wheelchairs and other assistive technology devices shall be maintained in good repair.	
0972	Nursing Notification of Change of Condition	VIII 15.10	Except in emergency situations, changes in resident ' s physical condition that could negatively affect his/her health shall be reported to the nurse. Following the nurse ' s assessment, the nurse shall notify the primary care physician in a timely manner and others in accordance with facility policy.	

0974	P&P for Weight Monitoring	VIII 15.11	The governing body shall develop, and the administrator shall implement, a policy for monitoring each resident's weight. The policy shall include the following:	
0975	Weights Documented & Assessed	VIII 15.11(A)	Weight monitoring shall be documented and promptly assessed for significant/serious weight changes.	
0976	Notification Upon Weight Changes	VIII 15.11(B)	The facility shall promptly notify the primary care physician or other authorized, licensed practitioner when significant/serious weight changes occur.	
0978	Emergency Equipment	VIII 15.12	The facility shall have portable emergency equipment as necessary to meet the specific needs of the residents. This includes, but not limited to, oxygen and suction devices. If such devices are present, the facility shall ensure that all personnel are trained in the proper use of such devices	
0980	Dentures, Glasses, Other Aids	VIII 15.13	Each resident shall have dentures, eyeglasses, hearing aids and other aids as needed and prescribed by the appropriate professional.	
0982	Equip/Supplies to Meet Needs	VIII 15.14	The facility shall have individual resident equipment and supplies necessary to meet each resident 's continuing medical needs.	

1000	Nursing, Special Care & Social Services	VIII-16.0	Nursing, Special Care and Social Services	
1001	Nursing Services	VIII-16.1	Nursing services	
1002	Sufficient nursing staff	VIII-16.1	The facility shall have sufficient licensed nursing staff available to respond to the needs of the residents.	
1004	Change in condition, nursing monitoring	VIII-16.1(B)	The facility shall have written nursing policies and procedures that address the nursing needs of the residents and ensure that nursing services are provided in accordance with the needs of each resident.	
1006	Unlicensed staff demonstrate competency	VIII-16.1(C)	Nursing staff shall monitor the care and treatment provided by unlicensed staff to ensure that unlicensed staff are trained and demonstrate competency in all procedures they perform. Changes in condition or needs shall be reported to the registered nurse or primary care provider.	
1010	Nursing - Special Care Services	VIII 16.2	Special Care Services	
1011	Nursing-Special Care Services Include	VIII 16.2(A)	Special care services shall include but not be limited to:	
1012	Catheter Care	VIII 16.2(A)(1)	Catheter care,	
1013	Ostomy Care	VIII 16.2(A)(2)	Ostomy care,	
1014	Trach Care	VIII 16.2(A)(3)	Trachostomy care,	
1015	Breathing Treatments	VIII 16.2(A)(4)	Breathing treatments,	
1016	Oxygen Saturation Monitoring	VIII 16.2(A)(5)	Oxygen saturation monitoring,	
1017	Blood Pressure Monitoring	VIII 16.2(A)(6)	Blood pressure monitoring, and	
1018	Skin Care	VIII 16.2(A)(7)	Preventive skin care including appropriate pressure relieving/reducing devices.	
1019	Record of Specialized Care	VIII 16.2(B)	There shall be a record of any specialized care or treatment therapies prescribed by a physician or other authorized, licensed practitioner, or delegated by a registered nurse.	



1020	Specialized Care by Unlicensed Staff	VIII 16.2(B)(1)	Specialized care may be provided by unlicensed staff only if it is allowed by state law and such staff has been trained by a person licensed, certified, or legally authorized to provide such services.	
1021	Specialized Care Monitoring	VIII 16.2(B)(2)	All specialized care provided by trained, unlicensed staff shall be monitored at least quarterly by a registered nurse and annually by a person licensed, certified or legally authorized to provide such services.	
1026	Specialized Services Documented	VIII 16.2(C)	The provision of specialized services shall be documented by the staff providing the service.	
1030	Social Services/Resource Coordination	VIII 16.3	Social Services and/or Resource Coordination	
1032	Social Svcs/Resource Coordination Provided	VIII 16.3(A)	The facility shall provide appropriate social services and/or resource coordination to residents and families, and consultation to the staff.	
1100	Gastrostomy Services	VIII 17	Gastrostomy Services	
1102	Training for Gastrostomy Services	VIII 17.1	Gastrostomy services shall not be administered by an unlicensed individual unless that individual is trained and supervised by a licensed physician, nurse or other authorized, licensed practitioner.	
1104	Gastrostomy Protocol	VIII 17.2	The facility shall ensure that a physician, licensed nurse or other authorized, licensed practitioner has developed a written individualized gastrostomy service protocol for each resident requiring such service. Each protocol shall include, but not be limited to, the following:	

1106	Gastrostomy Protocol Inclusions	VIII 17.2(A)	The proper procedures for preparing, storing and administering nutritional supplements through a gastrostomy tube;	
1108	Gastrostomy Protocol: Care & Maintenance	VIII 17.2(B)	The proper care and maintenance of the gastrostomy site;	
1110	Gastrostomy Protocol: Problems Identified	VIII 17.2(C)	The identification of possible problems associated with gastrostomy services; and	
1112	Gastrostomy Protocol: Contact Info	VIII 17.2(D)	The names and contact numbers of the resident ' s physician, licensed nurse or other authorized, licensed practitioner who is responsible for monitoring the unlicensed person(s) performing gastrostomy services and intervening, if problems are identified.	
1120	Gastrostomy Services Training Documented	VIII 17.3	The facility shall ensure that a physician, licensed nurse or other authorized, licensed practitioner provides training to any unlicensed individual who may provide gastrostomy services. Documentation of the training shall be kept in the resident ' s record and shall include:	
1122	Gastrostomy Services: Training Requirements	VIII 17.3(A)	The date or dates of when the training occurred,	
1124	Gastrostomy Services Proficiency Documented	VIII 17.3(B)	Indication that the unlicensed individual has reached proficiency which is defined as performing all aspects of the resident ' s protocol without error three (3) consecutive times; and	
1126	Gastrostomy Services Training Signed	VIII 17.3(C)	The signature of the physician, licensed nurse or other authorized, licensed practitioner that provided the training and observed the three (3) trials.	

1130	Gastrostomy Svcs Performed by Licensed Staff	VIII 17.4	The facility shall ensure that a physician, licensed nurse, or other authorized, licensed practitioner performs the gastrostomy services for each resident receiving gastrostomy services at least once prior to the unlicensed person providing the services.	
1132	Gastostomy Services for Several Residents	VIII 17.5	For unlicensed persons performing gastrostomy services for several residents with similar protocols, the licensed nurse or physician overseeing their training may document their proficiency with less than three (3) observations for each resident receiving services. The alternative method for establishing the proficiency of each staff member shall be documented.	
1134	Gastrostomy Svcs Oversight by Licensed Staff	VIII 17.6	The facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner observes and documents the unlicensed staff performing gastrostomy services for each resident at least quarterly for the first year and semi-annually thereafter, unless more frequent monitoring is appropriate.	

1136	Gastrostomy Svcs Training for Protocol Chngs	VIII 17.7	When changes are made to the written order for gastrostomy services and/or in the resident ' s protocol, the facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner that provides the training determines the extent of training that the unlicensed person will need to remain proficient in performing all aspects of the gastrostomy services.	
1138	Gastrostomy Protocol Annual Review	VIII 17.8	The facility shall ensure that the primary care physician annually reviews and approves the protocol for resident(s) receiving gastrostomy services.	
1140	Gastrostomy Services Records	VIII 17.9	For each resident, the facility shall ensure the documentation in the resident ' s record includes, at a minimum:	
1142	Gastrostomy Svcs- Record of Fluids	VIII 17.9(A)	A written record of each nutrient and fluid administered;	
1144	Gastrostomy Svcs - Times of Intake	VIII 17.9(B)	The beginning and ending time of nutrient or fluid intake;	
1146	Gastrostomy Svcs - Amount of Intake	VIII 17.9(C)	The amount of nutrient or fluid intake;	
1148	Gastrostomy Svcs - Skin Condition Documented	VIII 17.9(D)	The condition of the skin surrounding the gastrostomy site;	
1150	Gastrostomy Svcs- Problems Documented	VIII 17.9(E)	Any problem(s) encountered and action(s) taken; and	
1152	Gastrostomy Svcs- Staff Signature	VIII 17.9(F)	The date and signature of the person performing the procedure.	
1200	Reporting Requirements	VII 18	Facility Reporting Requirements	

1202	Occurrence Reporting Compliance	VIII 18.1	Each facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1, Chapter II, Part 3.2.	
1204	Department Notification	18.2	Each facility shall notify the Department program manager within 48 hours of the relocation of one or more residents due to any portion of the facility becoming uninhabitable for any reason, including but not limited to, fire or other disaster.	
1206	Voluntary Closure Requirements	VIII 18.3	In the event of a voluntary closure of a facility, such facility shall notify the Department 30 days prior to closure and submit a plan for resident transfer at that time. The resident transfer plan shall include, at a minimum, the following:	
1207	Closure Notice	VIII 18.3(A)	Notice to the residents, families and guardians,	
1208	Closure - Schedlue for Resident Moves	VIII 18.3(B)	Schedule for the residents ' moves,	
1209	Closure - Staffing Patterns	VIII 18.3(C)	Staffing pattern during the 30 days prior to closure; and	
1210	Closure - Provisions	VIII 18.3(D)	Provisions for ensuring the health and safety of residents during the closure.	
1300	Emergency Plan	VIII 19	Emergency Plan	

1302	Emergency Plan - P&P	VIII 19.1	The governing body shall develop, and the administrator shall implement and update as necessary, an emergency preparedness plan that addresses the facility ' s response and staff duties in the following emergencies:	
1303	Emergency Plan - Fire	VIII 19.1 (A)	Fire.	
1304	Emergency Plan - Severe Weather	VIII 19.1(B)	Severe weather, including but not limited to tornados, blizzards and flooding.	
1305	Emergency Plan - Security Threat	VIII 19.1(C)	Security threats.	
1306	Emergency Plan - Explosions	VIII 19.1(D)	Explosions.	
1307	Emergency Plan - Internal Failures	VIII 19.1(E)	Internal system failures, such as electrical outages and internal structural collapse or flooding.	
1308	Emergency Plan - Communicable Disease	VIII 19.1(F)	Communicable disease outbreaks.	
1310	Emergency Plan - Arrangements	VIII 19.2	The emergency plan shall specify arrangements for alternative housing, transportation and the provision of necessary medical care if a resident ' s physician is not immediately available.	

1312	Emergency Plan - Notification	VIII 19.3	The administrator shall develop procedures that ensure notification of families or guardians in an emergency.	
1314	Emergency Plan - Training w/in 7 Days	VIII 19.4	<p>The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation.</p> <p>Training shall occur within seven (7) working days of employment or admission to the community residential home.</p>	
1316	Emergency Plan - Monthly Review	VIII 19.5	The facility shall conduct and document a monthly paper review of its response to the items listed in section 19.1 of this chapter including its policies and procedures and training of staff and residents.	
1318	Fire Drills & Mock Exercises	VII 19.6	The facility shall conduct and document quarterly fire drills and an annual mock exercise that addresses all the items listed in section 19.1 of this chapter.	
1400	Fire Safety	VIII 20	Fire Safety	
1402	Group Home - Compliance with NFPA	VIII 20.1	Each facility for persons with developmental disabilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is incorporated by reference.	
1404	ICF - LSC Requirements	VIII 20.2	Intermediate Care Facilities for Persons with Developmental Disabilities shall meet the following Life Safety Code requirements:	
1406	ICF - Fire Safety Compliance	VIII 20.2(A)	A facility initially licensed before March 11, 2003, shall meet Chapter 19, Existing Health Care Occupancies or Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000). The applicability of Chapter 19 or Chapter 33 shall be based upon the self-preservation capability of as few as one resident.	

1408	ICF - Fire Safety Compliance	VIII 20.2(B)	A facility initially licensed on or after March 11, 2003, shall meet Chapter 18, New Health Care Occupancies or Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000). The applicability of Chapter 18 or Chapter 32 shall be based upon the self-preservation capability of as few as one resident.	
1410	Remodeling Requirements	VIII 20.2(C)	For any facility that undergoes remodeling on or after October 1, 2003, the following shall apply:	
1411	Health Care Occupancy Requirements	VIII 20.2(C)(1)	If the facility is deemed a health care occupancy and the remodel involves a modification of more than 50 percent of the smoke compartment or more than 4,500 square feet, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000).	
1412	Board & Care Remodeling Requirements	VIII 20.2(C)(2)	If the facility is deemed a board and care occupancy, additions or remodeling involving more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).	
1420	Group Home Fire Safety Requirements	VIII 20.3	Community Residential Facilities for Persons with Developmental Disabilities shall meet the following Life Safety Code requirements:	
1422	Compliance with Chapt. 33 NFPA	VIII 20.3(A)	A facility initially licensed before July 1, 2009, shall meet Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000).	
1424	Compliance with Chapter 32	VIII 20.3(B)	A facility initially licensed on or after July 1, 2009, shall meet Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000).	
1426	Additional LSC Requirements	VIII 20.3(C)	A facility initially licensed on or after May 1, 2011 shall comply with paragraph (B) above and meet the following additional requirements:	
1427	Means of Egress	VIII 20.3(C)(1)	Notwithstanding Chapter 32 provisions to the contrary, provide an accessible means of egress to the public right of way that is compliant with Chapter 7, Means of Egress, NFPA 101 (2000), and	



1428	Carbon Monoxide Detector	VIII 20.3(C)(2)	Install and maintain in good repair a carbon monoxide detector and alarm within 15 feet of the entrance to each sleeping room.	
1429	Remodel of 25 Percent Floor Space	VIII 20.3(D)	Additions or remodeling involving more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).	
1430	LSC Provisions	VIII 20.4	Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:	
1431	Differing Fire Standards	VIII 20.4(A)	When differing fire safety standards are imposed by federal, state, or local jurisdictions, the facility shall comply with the standards that are the most stringent.	
1432	Counting Story	VIII 20.4(B)	Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.	
1433	Separation of Licensed and Unlicensed	VIII 20.4(C)	Licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.	
1500	Plan Review & Fees	VIII 21	Plan Review and Applicable Fees	
1502	Plan Review	VIII 21.1	Each facility subject to a construction plan review, as specified below, shall comply with 6 CCR 1011-1, Chapter II, Part 1 concerning the submission of construction plans/documents and completion of the plan review process.	
1504	Fees for Multiple Buildings	VIII 21.2	Plan review and fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.	

1506	Plan Review: Licensure, Additions, Reloc.	VIII 21.3	Plan review for Initial Licensure, Additions and Relocations  Plan review includes new facility construction and new occupancy of existing structures and shall apply to the following:	
1507	Initial License	VIII 21.3(A)	Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.	
1508	Additions	VIII 21.3(B)	Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.	
1509	Relocation	VIII 21.3(C)	Relocation of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009. Such relocations shall meet either Chapter 18 or Chapter 32, NFPA 101 (2000).	
1510	Review Fees	VIII 21.4	Plan Review Fees for Initial Licensure, Addition, or Relocation	
1511	Fees	VIII 21.4(A)	For facilities that are deemed health care occupancies: A base fee of \$2,500, plus square footage costs as shown in the table below.  <div> <div>Square Footage</div> <div>Cost per Square Foot</div> <div>Explanatory Note</div> </div> 0-25,000 sq ft\$0.10This is the cost for the first 25,001+ sq.ft of any plan submitted.  25,000 + sq ft\$0.01This cost is applicable to the additional square footage over 25,000 sq ft.	



1527	Sprinkler System Changes	VIII 21.5(A)(5))	Installation of any new sprinkler systems or the addition, removal or relocation of or 20 more sprinkler heads.	
1528	Fire Alarm System Changes	VIII 21.5(A)(6))	Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.	
1529	Kitchen Hood Systems	VIII 21.5(A)(7)	Installation, removal or renovation of any kitchen hood suppression system.	
1530	Electrical System	VIII 21.5(A)(8)	Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.	
1531	Alterations that Restrict Egress	VIII 21.5(A)(9)	Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:	
1532	Locking Devices	VIII 21.5(A)(9)(a)	Cut sheets and sequence operations for locking devices for egress and egress access doors.	
1533	Location of Locked Egress	VIII 21.5(A)(9)(b)	Location of locked egress and egress access doors.	
1534	Fencing	VIII 21.5(A)(9)(c)	If applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.	
1550	Resolving Issues	VIII 21.7	The " Guidelines for Design and Construction of Health Care Facilities " (2006 Edition), American Institute of Architects (AIA) may be used by the Department in resolving health, building and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference.	
1600	Physical Environment	VIII-22.0	Physical Environment	

1602	Clean, sanitary & free from hazards	VIII-22.1	The facility shall maintain a home-like environment that is clean, sanitary, and free of hazards to health and safety.	
1604	Environment - Safely Maintained	VIII - 22.2	All interior areas including basements and garages shall be safely maintained to protect against environmental hazards.	
1606	Exterior Environment	VIII 22.3	All exterior areas shall be safely maintained to protect against environmental hazards including, but not limited to, the following:	
1607	Exterior Environment-Free of weeds, garbage	VIII 22.3(A)	Exterior premises shall be kept free of high weeds and grass, garbage and rubbish.	
1608	Environment - prevention of hazards	VIII 22.3(B)	Grounds shall be maintained to prevent hazardous slopes, holes, snow, ice or other potential hazards.	
1609	Environment - Porches and Staircases	VIII 22.3(C)	Porches and exterior staircases of three (3) or more steps shall have handrails. Staircases and porches shall be kept in good repair.	
1611	State and Local Laws	VIII 22.4	Compliance with State and Local Laws/Codes.	
1612	Compliance with Local Zoning	VIII 22.4(A)	Facilities shall be in compliance with all applicable zoning regulations of the municipality, city and county, or county where the home is situated. Failure to comply with applicable zoning regulations shall constitute grounds for the denial of a license to a home consistent with Section 27-10.5-109.5, C.R.S.	
1613	Compliance with Local Plumbing Laws	VIII 22.4(B)	Facilities shall be in compliance with all applicable state and local plumbing laws and regulations. Plumbing shall be maintained in good repair, free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.	

1614	Compliance with Local Sewage Disposal	VIII 22.4(C)	Facilities shall be in compliance with all applicable state and local sewage disposal requirements. Sewage shall be discharged into a public sewer system or disposed of in a manner approved by state and local health authorities in compliance with the Water Quality Control Division ' s Guidelines on Individual Sewage Disposal Systems, 5 CCR 1003-6.	
1616	Extension Cords/Multi-use Outlets	VIII 22.5(A)	Extension cords and multiple use electrical sockets shall not be used in resident bedrooms.	
1618	Power Strips Permitted	VIII 22.5(B)	Power strips are permitted throughout the facility with the following limitations:	
1619	Power Strips with Breaker	VIII 22.5(B) (1)	The power strip shall be equipped with factory installed over-current protection in the form of a circuit breaker or fuse.	
1620	Power Strip - UL Label	VIII 22.5(B) (2)	The power strip shall have a UL (Underwriters Laboratories) label.	
1621	Power Strips Not Linked	VIII 22.5(B)(3)	The power strips cannot be linked together when used.	
1622	Power Strips with Extension Cords	VIII 22.5(B)(4)	Extension cords cannot be utilized in conjunction with a power strip.	
1623	Power Strip with 6 or Less Receptacles	VIII 22.5(B)(5)	Power strips must be equipped with six or less simplex receptacles	
1624	Power Strip-One per Resident Room	VIII 22.5(B)(6)	Use shall be restricted to one power strip per resident per bedroom.	
1625	Heating Pads/Electric Blankets	VIII 22.5(C)	A heating pad or electric blanket shall not be used in a resident room without both staff supervision and documentation that the administrator believes the resident to be capable of appropriate and safe use.	
1626	Electric/Space Heaters	VIII 22.5(D)	Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned, provided, and maintained by the facility.	
1630	Waste Disposal/Combustibles	VIII 22.6	Waste Disposal/Combustibles	
1631	Interior Free from Accumulations	VIII 22.6(A)	All interior areas shall be free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.	

1632	Combustibles in Metal Containers	VIII 22.6(B)	Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.	
1633	Kerosene Heaters Prohibited	VIII 22.6(D)	Kerosene heaters shall not be permitted within the facility.	
1634	Garbage Containers	VIII 22.6(E)	All garbage and rubbish not disposed of as sewage shall be collected in impervious containers in such manner that it is not a nuisance or health hazard and shall be removed to an approved storage area at least once a day. The refuse and garbage storage area shall be kept clean and free from nuisance. The facility shall have a sufficient number of impervious containers with tight fitting lids that shall be kept clean and in good repair.	
1635	Carts Used To Transport Refuse	VIII 22.6(F)	Carts used to transport refuse shall be enclosed, constructed of impervious materials, used solely for refuse and maintained in a sanitary manner.	
1636	Incinerators	VIII 22.6(G)	Incinerators shall comply with state and local air pollution regulations and be constructed in a manner that prevents insect and rodent occupation.	
1637	Private Sewage Disposal Systems	VIII 22.6(H)	If private sewage disposal systems are used, system design plans and records of maintenance shall be kept on the premises and available for inspection.	
1638	Exposed Sewer Lines	VIII 22.6(I)	No exposed sewer line shall be located directly above working, storage or eating surfaces in kitchens, dining rooms, pantries, or where medical supplies or drugs are prepared or stored.	
1640	Infestation & Hazardous Substances	VIII 22.7	Infestation and hazardous substances	
1641	Free of Infestation	VIII 22.7(A)	The facility shall be maintained free of infestation of insects and rodents and all openings to the outside shall be screened.	
1642	Pest Control Program	VIII 22.7(B)	The facility shall have a pest control program provided by maintenance personnel or by contract with a pest control company using the least toxic and least flammable effective pesticides.	

1643	Hazardous materials stored safely	VIII-22.7(B)(1)	If kept onsite, the pesticides shall be labeled and kept in a locked space away from the resident or food areas.	
1644	Solutions and cleaning compound storage	VIII 22.7(C)	Solutions, cleaning compounds, and hazardous substances shall be labeled and stored in a safe manner.	
1650	Heating, Lighting, Ventilation	VIII 22.8	Heating, Lighting, Ventilation	
1651	Heat, Light, Ventilation in Each Room	VIII 22.8(A)	Each room in the facility shall have heat, lighting and ventilation sufficient to accommodate its use and the needs of the residents.	
1652	Steps/Hallways Adequately Lit	VIII 22.8(B)	All interior and exterior steps, interior hallways and corridors shall be adequately illuminated.	
1653	ICF-Nightlights	VIII 22.8(C)	Intermediate Care Facilities for Persons with Developmental Disabilities submitting an initial license application after May 1, 2011 shall have nightlights that are controlled at the door of the bedroom.	
1660	Water	VIII 22.9	Water	
1661	Adequate Supply of Water	VIII 22.9(A)	There shall be an adequate supply of safe, potable water available for domestic purposes	
1662	Water temp of 110 degrees Fahrenheit	VIII-22.9(B)	Water temperatures shall be maintained at comfortable temperatures. Hot water shall not measure more than 110 degrees Fahrenheit at taps that are accessible by residents.	
1663	Sufficient Hot Water During Peak Usage	VIII 22.9(C)	There shall be a sufficient supply of hot water during peak usage demands.	
1670	Common Areas	22.10	Common Areas	
1671	Wheelchair Access/Egress	VIII 22.10(A)	If the facility has one or more residents using a wheelchair, it shall provide a minimum of two entryways for wheelchair access and egress from the building	
1672	Common Areas Sufficient	VIII 22.10(B)	The facility shall provide common areas that are sufficient to reasonably accommodate all residents.	



1673	Furnishings in Good Repair	VIII 22.10(C)	The facility shall provide furnishings in all common areas that meet the needs of the residents and are in good repair.	
1674	Common Areas Accessible	VIII 22.10(D)	All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access shall be at least 32 inches wide.	
1675	Free Use of Common Areas	VIII 22.10(E)	Residents shall be allowed free use of all common living areas with due regard for privacy, personal possessions, and safety of all residents.	
1676	Liquid Soap & Papertowels in Bathrooms	VIII 22.10(F)	The facility shall have liquid soap and paper towels available in the common bathrooms of the facility.	
1680	Bedrooms	VIII 22.11	Bedrooms	
1681	Regularly Designated Bathroom	VIII 22.11(A)	No resident shall be assigned to any room other than a regularly designated bedroom.	
1682	Bedroom Square Footage	VIII 22.11(B)	Effective May 1, 2011, all bedrooms shall meet the following square footage requirements:	
1683	Bedroom-Single Occupancy	VIII 22.11(B)(1)	Single occupancy bedrooms shall have at least 100 square feet.	
1684	Bedroom-Double Occupancy	VIII 22.11(B)(2)	Double occupancy bedrooms shall have at least 80 square feet per person.	
1685	Bedroom Square Footage Exclusions	VIII 22.11(B)(3)	Bathroom areas and closets shall not be included in the determination of square footage.	
1686	Bedroom Mattress	VIII 22.11(C)	The facility shall provide each resident with a clean comfortable mattress, maintained in a sanitary condition.	

1687	Bedroom Furnishings to Meet Needs	VIII 22.11(D)	Resident bedrooms shall contain furnishings that meet the needs of the resident.	
1688	Bedroom Storage/Closets	VIII 22.11(E)	Each bedroom shall have adequate storage space or closets for a resident ' s clothing and personal articles.	
1689	Bedroom Window	VIII 22.11(F)	Each bedroom shall have at least one window of eight (8) square feet, which shall have opening capability. All escape windows shall be maintained unobstructed on the interior and exterior of the facility.	
1690	Bedroom-Ground Level	VIII 22.11(G)	The ground level outside of any basement resident bedroom shall be maintained at or below the window sill for a distance of at least eight feet measured out from the window.	
1692	Bathrooms	VIII 22.12	Bathrooms	
1693	Full Bathroom - Definition	VIII 22.12(A)	A full bathroom shall consist of at least the following fixtures: toilet, hand washing sink, toilet paper dispenser, mirror, tub or shower and towel rack.	
1694	Number of Bathrooms	VIII 22.12(B)	The facility shall ensure compliance with the following criteria regarding the number of bathrooms per residents:	
1695	Appropriate Toilet Facilities	22.12(B)(1)	The community residential home shall provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the residents,	
1696	1 bathroom for every 4 residents	VIII-22.12(B)(2)	There shall be at least one full bathroom for every four (4) residents, and	
1697	Bathrooms - One per Level	VIII 22.12(B)(3)	Community residential homes utilizing more than one level or floor for resident services and/or sleeping rooms shall have at least one full bathroom per floor.	

1698	Bathroom Accessibility Criteria	VIII 22.12(C)	The facility shall ensure the following accessibility criteria:	
1699	Bathroom Adjacent to Common Areas	VIII 22.12(C)(1)	There shall be at least one bathroom adjacent to the common living space that is available for resident use.	
1700	Bathrooms for Residents with Auxiliary Aids	VIII 22.12(C)(2)	In any facility that is occupied by one or more residents utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined herein with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.	
1710	Bathroom Safety Features	VIII 22.12(D)	The facility shall ensure each bathroom has the following safety features:	
1711	Non-skid surfaces on Bathtubs/Showers	VIII 22.12(D)(1)	Non-skid surfaces on all bathtub and shower floors,	
1712	Grab Bars	VIII 22.12(D)(2)	Grab bars properly installed at each tub and shower, adjacent to each toilet and as otherwise indicated by the needs of the resident population, and	
1713	Toilet Seats	VIII 22.12(D)(3)	Toilet seats constructed of non-absorbent material and free of cracks.	
1714	Personal Hygiene and Care Items	VIII 22.12(E)	The facility shall ensure that each resident is furnished with personal hygiene and care items.	
1720	Housekeeping, Linen, Laundry	VIII 22.13	Housekeeping, Linen and Laundry	
1721	Housekeeping Services	VIII 22.13(A)	Each facility shall establish organized housekeeping services that are planned and performed to provide a pleasant, safe and sanitary environment.	
1722	Laundry Services	VIII 22.13(B)	The facility shall either contract with a commercial laundry or maintain its own laundry that meets the following criteria:	
1723	Laundry Equipment Compliant with Local Laws	VIII 22.13(B)(1)	All laundry equipment shall be designed and installed to comply with state and local laws and possess appropriate safety devices.	
1724	Laundry Area Separated from Resident Units	VIII 22.13(B)(2)	Laundry operations shall be located in an area that is separated from resident care units.	

1725	Clothing Appropriately Laundered	VIII 22.13(B)(3)	The laundry procedures shall be performed in such a way that soiled linen and resident clothing emerge clean and free of detergents according to the laundry manufacturer instructions.	
1726	Soiled Laundry Processed Frequently	VIII 22.13(B)(4)	Soiled laundry shall be processed frequently enough to prevent unsanitary accumulations.	
1727	Water Temperature for Laundry	VIII 22.13(B)(5)	The temperature of the water during the washing and rinsing process shall based upon the recommendations of the laundry detergent and the items being laundered.	
1728	Linen Supply	VIII 22.13(C)	There shall be a resident linen supply consisting of at least two complete changes times the number of resident beds. All linens shall be maintained in good repair.	
1729	Linens Changed Weekly	VIII 22.13(D)	Bed linens shall be changed as often as necessary, but in no case less than once a week.	
1730	Maintenance Areas Separated	VIII 22.13(E)	The facility shall have a maintenance area separated from living quarters with adequate floor storage area that is equipped with the following:	
1731	Hook Strips	VIII 22.13(E)(1)	A hook strip for mop handles from which soiled mop heads have been removed;	
1732	Shelving	VIII 22.13(E)(2)	Shelving for cleaning materials;	
1733	Hand Washing Tools	VIII 22.13(E)(3)	Hand washing tools; and	
1734	Waste Receptacle	VIII 22.13(E)(4)	A waste receptacle with impervious liner.	

			HCPF		
Title	CCR	Text	Identifier	Title	CCR
Statutory Authority	2 CCR 503-1 Se	These rules are promulgated under the authorities established in Section 27-10.5, C.R.S.		HCBS Services for the Developmentally Disabled Waiver	10 CCR 2505-10 Section 8.500.1
Definitions	Section 16.120			Definitions	8.500.1
Definition-	Section 16.120	"Program Approved Service Agency" means a developmental disabilities service agency or typical community service agency as defined in Section 16.221, which has received program approval by the Department pursuant to Section 16.230 of these rules.			
Definition- Comprehensive Services	Section 16.120	"Comprehensive Services" means habilitation services and supports that provide a full day (24 hours) of services and supports to ensure the health, safety and welfare of the individual, and to provide training and habilitation services or a combination of training and supports in the areas of personal, physical, mental and social development and to promote interdependence, self-sufficiency and community inclusion. Services include residential habilitation services and supports, day habilitation services and supports and transportation.			
Definition- Department	Section 16.120	"Department" means the Colorado Department of Human Services.			

Definition of DD	Section 16.120	"Developmental Disability" means a disability that is manifested before the person reaches twenty-two (22) years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "Developmental Disability" found in 42 U.S.C. 6000, et seq., shall not apply. (See Order)			
Definitions-Settings for People with Developmental Disabilities	Section 16.120	"Home and Community-Based Services Waivers (HCBS)" means HCBS waiver programs, including the Home and Community Based Waiver for the Developmentally Disabled (HCBS-DD), Supported Living Services (SLS) and Children's Extensive Support (CES).			
Definitions-Community Centered Board	Section 16.120	"Community Centered Board (CCB)" means a private corporation, for profit or not for profit, which, when designated pursuant to Section 27-10.5.105, C.R.S., provides case management services to persons with developmental disabilities, is authorized to determine eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services and supports under section 27-10.5, C.R.S., and provides authorized services and supports to such persons either directly or by purchasing such services and supports from service agencies.			

	Section 16.120	"Regional Center" means a facility or program operated directly by the Department, which provides services and supports to persons with developmental disabilities. (Regional Centers, which operate some ICF-IDs, are located within the Division for Regional Center Operations)			
Definition-Plan Review	Section 16.120	"Program Approved Service Agency" means a developmental disabilities service agency or typical community service agency as defined in Section 16.221, which has received program approval by the Department pursuant to Section 16.230 of these rules.			
Definition-Client	Section 16.120	"Client" means an individual who has met Long Term Care (LTC) eligibility requirements and has been offered and agreed to receive Home and Community Based Services (HCBS) in the Children's Extensive Supports (HCBS-CES) waiver, the HCBS waiver for Persons with Developmental Disabilities (HCBS-DD) or the Supported Living Services (HCBS-SLS) waiver.			
Service Agencies	Section 16.221	A. Pursuant to Section 27-10.5-5(28), C.R.S., a service agency may be an individual or any publicly or privately operated program, organization, or business providing services or supports for persons with developmental disabilities.			

		(Silent)			
Group Residential Services and Supports (GRSS)	Section 16.625	A community residential home for individuals with developmental disabilities shall not be located within 750 feet of another such group home or within 750 feet of facility-based day programs or other program services operated for people with developmental disabilities unless previously approved by the Department.			
Program Approval	Section 16.230	All service agencies approved by a community centered board to provide comprehensive services shall also be approved by the Department to provide the authorized service(s) for which they have been selected prior to delivery of such services.			



Program Approval	Section 16.230	B. A developmental disabilities service agency selected and approved by a community centered board to provide support services shall be approved by the Department prior to the delivery of such services when it is not otherwise approved by the Department within the service area. C. Each community centered board shall be approved by the Department to provide support services. D. The community centered board shall recommend to the Department a service agency for program approval and Medicaid certification only if it meets requirements set forth in Section 27-10.5, C.R.S., and rules of the Department.			
		(Silent)			
Program Approval/Certification	Section 16.230	F. Program approval shall be renewed when, based on the results of the evaluation, the community centered board or service agency is found to be in substantial compliance with requirements pertaining to the program evaluated.			

revokation	Section 16.230	H. The Department may revoke program approval upon a finding that the service agency is in violation of Section 27-10.5, C.R.S., other state or federal laws, or these rules. Revocation shall conform to the provisions and procedures specified in Section 24-4-104, C.R.S			
		(Silent)			
		(Silent)			
		(Silent)			
		(Silent)			
		(Silent)			

CCB Designation	Section 16.210	A. Annually, any private corporation, for profit or not for profit, seeking designation as a community centered board shall submit an application for designation to the Department.			
		(Silent)			
		(Silent)			
		(Silent)			
		(Silent)			
CCB/PASA	Section 16.210	B.2. The board of directors or trustees shall adopt specific bylaw provisions which insure that they are in compliance with all provisions of Section 27-10.5-105(2)(b), C.R.S.			
CCB/PASA	Section 16.222	A. Community centered boards shall select and approve all developmental disabilities service agencies as defined in Section 16.221, A, 3, and any typical community service agency as defined in Section 16.221, A, 2, providing comprehensive services to provide authorized services in a designated service area in accordance with these rules and regulations unless otherwise noted in Section 16.230,			

CCB	Section 16.210	4. d. Quality of services and supports provided for persons with developmental disabilities. Quality shall be measured based on compliance with federal and state licensing or program approval requirements, accreditation reports, agencies' self-evaluation efforts, and Department's quality assurance monitoring activities. Other resources to evaluate quality that may be considered include: analysis of disputes and complaints, use of grievance procedures, and measures of satisfaction by persons receiving services or supports.			
CCB	Section 16.210	B.2. The board of directors or trustees shall adopt specific bylaw provisions which insure that they are in compliance with all provisions of Section 27-10.5-105(2)(b), C.R.S.			
CCB	Section 16.210	B.2. The board of directors or trustees shall adopt specific bylaw provisions which insure that they are in compliance with all provisions of Section 27-10.5-105(2)(b), C.R.S.			
		(Silent)			
		(Silent)			

Medical Policies	Section 16.623	A. Persons receiving comprehensive services and supports shall be assured of medical and dental services necessary to maintain the health of the person and to prevent further disability and shall have dentures, eyeglasses, hearing aids, braces and other aids or therapies as prescribed by an appropriate professional. 1. Each program approved service agency shall establish and implement written procedures for the appropriate procurement, storage, distribution and disposal of medications.			
		(Silent)			
Billing	Section 16.130	F. All regional centers, community centered boards, and service agencies shall provide information and reports as required by the Department including, but not limited to, data necessary for the Department's data system, COPAR, billing records, and legislative reports			
Records		(Silent)			

Records	Section 16.210	3 a. In accordance with reporting requirements of the Department's data system, maintain and update records of persons determined to be eligible for services and supports and who are receiving case management services and have an Individualized Plan, but for whom other services and supports are unavailable or who require additional services or supports.			
Records	Section 16.210	3 a. In accordance with reporting requirements of the Department's data system, maintain and update records of persons determined to be eligible for services and supports and who are receiving case management services and have an Individualized Plan, but for whom other services and supports are unavailable or who require additional services or supports.			
Qualified staff	Section 16.120 + 16.246	"Developmental Disabilities Professional" means a person who has at least a Bachelors Degree and a minimum of two (2) years experience in the field of developmental disabilities or a person with at least five (5) years of experience in the field of developmental disabilities with competency in the following areas. A. Community centered boards and program approved service agencies shall establish qualifications for employees and contractors (Host Home and other providers) and maintain records documenting the qualifications and training of employees and contractors who provide services pursuant to these rules and regulations.			

Background checks	Section 16.246	B. The community centered board or service agency may, in accordance with Section 27-1-110, C.R.S., conduct background checks and reference checks prior to employing staff providing supports and services and contracting with Host Home and other providers.			
Additional screening	Section 16.246	C. The community centered board in its role as support coordinating agency, as defined in Section 16.611, shall have screening procedures for individual providers who are not agency employees and for other entities providing services and supports.			
		(Silent)			
		(Silent)			
Personnel Policies	Section 16.246	The community centered board and program approved service agency shall have an organized program of orientation and training of sufficient scope for employees and contractors to carry out their duties and responsibilities efficiently, effectively and competently. The program shall, at a minimum, provide for:			

Personnel Policies	Section 16.246	E. Community centered boards shall ensure that individuals who are hired to fulfill the duties of case management services have at least a bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.			
Sufficient Staff	Section 16.625	E. The program approved service agency shall ensure a sufficient number of staff to meet licensing requirements and the needs of persons receiving services as determined by the Individualized Plan.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			



	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
Training	Section 16.246	D. The community centered board and program approved service agency shall have an organized program of orientation and training of sufficient scope for employees and contractors to carry out their duties and responsibilities efficiently, effectively and competently. The program shall, at a minimum, provide for			
		(Silent)			

Interdisciplinary Team (IDT)	Section 16.440	A. Under the coordination and direction of the community centered board or regional center, the Interdisciplinary Team (IDT) shall develop the Individualized Plan (IP).			
Training MANE	Section 16.580	B. Community centered boards, program approved service agencies and regional centers shall have written policies and procedures for handling cases of alleged or suspected abuse, mistreatment, neglect, or exploitation of any person receiving services. These policies and procedures must be consistent with state law			
		(Silent)			
		(Silent)			
Training in emergency procedures	Section 16.540	1. Each community centered board, program approved service agency, and regional center shall have written policies on the use of emergency control procedures, the types of procedures which may be used, and requirements for staff training			
		(Silent)			

Enrollment	Section 16.624 (IRSS)	1. An assessment of each person's capability to take appropriate action in case of an emergency and to take care of safety needs shall be conducted upon enrollment into services and be maintained current. This assessment, at a minimum, shall address the following emergencies and disasters			
Admission	Section 16.622	B. Program approved service agencies providing Comprehensive Habilitation Services and Supports shall conform to the following provisions: 1. Physical facilities utilized as residential settings and/or adult day service sites shall meet all applicable fire, building, licensing and health regulations. 2. Persons receiving Comprehensive Habilitation Services and Supports shall have 24-hour supervision. Supervision may be on-site (staff is present) or accessible (agency personnel is not on site but available to respond when needed). Staffing arrangements must be adequate to ensure the health, safety and welfare of persons receiving services and the needs of the individual as determined by the Individualized Plan. 3. Services and supports shall be provided pursuant to the person's Individualized Plan and pertinent Individual Service and Support Plans and in accordance with Department guidelines and service descriptions. Individual Service and Support Plans shall be developed for all persons receiving comprehensive services and meet requirements of Section 16.500.			

Rights	Section 16.130	A. All regional centers, community centered boards, and program approved service agencies shall maintain copies of statutes and rules and regulations relevant to the provision of authorized services, and shall ensure that appropriate employees and contractors have access to such copies and are oriented to the content of the statutes and rules. B. All regional centers, community centered boards, and program approved service agencies shall have written policies and procedures concerning the exercise and protection of individual rights pursuant to Section 27-10.5, C.R.S.			
Rights; Meds	Section 16.246	. All employees and contractors, not otherwise authorized by law to administer medication, who assist and/or monitor persons receiving services in the administration of medications or the filling of medication reminder systems shall have passed a competency evaluation approved by the Colorado Department of Public Health and Environment.			

Termination	Section 16.410 + 16.420	Each community centered board and regional center, as appropriate, shall establish agency procedures sufficient to execute case management services according to the provisions of these rules and regulations. Such procedures shall include, but are not limited to 7. Termination and discharge. 2. If an individual is denied or terminated from such Title XIX Medicaid programs, a written notice shall be sent to the individual or his/her legal guardian in accordance with the provisions of Section 8.057.40, et seq. (10 CCR 2505-10).			
Placement	Section 16.622	8. Persons receiving services, guardians, authorized representatives, as appropriate, and the community centered board shall be notified at least fifteen (15) days prior to proposed changes in residential placements.			
Monitoring; Abuse and Neglect	Section 16.210 +	d. Quality of services and supports provided for persons with developmental disabilities. Quality shall be measured based on compliance with federal and state licensing or program approval requirements, accreditation reports, agencies' self-evaluation efforts, and Department's quality assurance monitoring activities. Other resources to evaluate quality that may be considered include: analysis of disputes and complaints, use of grievance procedures, and measures of satisfaction by persons receiving services or supports. 3 e. Devise and implement a plan for monitoring the programmatic practices of the community centered board and contracted service agencies, pursuant to Section 16.460 in these rules.			

Monitoring; incident reports	Section 16.560	F. Community centered boards, program approved service agencies and regional centers shall review and analyze information from incident reports to identify trends and problematic practices which may be occurring in specific services and shall take appropriate corrective action to address problematic practices identified.			
Incident Reports	Section 16.560	A. Community centered boards, service agencies and regional centers shall have a written policy and procedure for the timely reporting, recording and reviewing of incidents which shall include, but not be limited to 1. Injury to a person receiving services; 2. Lost or missing persons receiving services;			
Incident Reports	Section 16.560	B. Reports of incidents shall include, but not be limited to: 1. Name of the person reporting; 2. Name of the person receiving services who was involved in the incident; 3. Name of persons involved or witnessing the incident; 4. Type of incident; 5. Description of the incident; 6. Date and place of occurrence; 7. Duration of the incident; 8. Description of the action taken; 9. Whether the incident was observed directly or reported to the agency; 10. Names of persons notified; 11. Follow-up action taken or where to find documentation of further follow-up; and, 12. Name of the person responsible for follow-up.			
		(Silent)			

Investigation	Section 16.580	A. Pursuant to Section 27-10.5-115, C.R.S., all community centered boards, service agencies and regional centers shall prohibit abuse, mistreatment, neglect, or exploitation of any person receiving services. B. Community centered boards, program approved service agencies and regional centers shall have written policies and procedures for handling cases of alleged or suspected abuse, mistreatment, neglect, or exploitation of any person receiving services.			
Disciplinary actions of staff	Section 16.580	8. Ensure prompt action to protect the safety of the person receiving services. Such action may include any action that would protect the person(s) receiving services if determined necessary and appropriate by the service agency or community centered board pending the outcome of the investigation. Actions may include, but are not limited to, removing the person from his/her residential and/or day services setting and removing or replacing staff;			
	Section 16.580	C. Any and all actual or suspected incidents of abuse, mistreatment, neglect, or exploitation shall be reported immediately to the agency administrator or designee. The agency shall ensure that employees and contractors obligated by statute, including but not limited to, Section 19-10-103, C.R.S., (Colorado Children's Code), Section 18-8-115, C.R.S., (Colorado Criminal Code - Duty To Report A Crime), and Section 26-3.1-101, C.R.S., (Social Services Code - Protective Services), to report suspected abuse, mistreatment, neglect, or exploitation, are aware of the obligation and reporting procedures.			

Adherence to law	Section 16.580	C. Any and all actual or suspected incidents of abuse, mistreatment, neglect, or exploitation shall be reported immediately to the agency administrator or designee. The agency shall ensure that employees and contractors obligated by statute, including but not limited to, Section 19-10-103, C.R.S., (Colorado Children's Code), Section 18-8-115, C.R.S., (Colorado Criminal Code - Duty To Report A Crime), and Section 26-3.1-101, C.R.S., (Social Services Code - Protective Services), to report suspected abuse, mistreatment, neglect, or exploitation, are aware of the obligation and reporting procedures.			
Rights	Section 16.310	A person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws including, but not limited to, those contained in Section 27-10.5, C.R.S., unless such rights are modified pursuant to state or federal law.			
Investigation; immediate reporting		1. Within twenty-four hours of becoming aware of the incident, a written incident report shall be made available o the agency administrator or designee and the community centered board or regional center.			
Reporting time Lines	Section 16.580	1. Within twenty-four hours of becoming aware of the incident, a written incident report shall be made available o the agency administrator or designee and the community centered board or regional center.			



Investigation timelines	Section 16.580	D. All alleged incidents of abuse, mistreatment, neglect, or exploitation by agency employees or contractors shall be thoroughly investigated in a timely manner using the specified investigation procedures. However, such procedures must not be used in lieu of investigations required by law or which may result from action initiated pursuant to Section C, herein.			
Investigation; preliminary results	Section 16.580	a. The incident report and preliminary results of the investigation;			
Investigation; Summary	Section 16.580	A summary of the investigative procedures utilized;			
Investigation; findings	Section 16.580	c. The full investigative finding(s);			
Investigation; HRC Review	Section 16.580	e. Human Rights Committee review of the investigative report and the action taken on recommendations made by the committee.			
Investigation; actions taken	Section 16.580	3. The agency shall ensure that appropriate actions are taken when an allegation against an employee or contractor is substantiated, and that the results of the investigation are recorded, with the employee's or contractor's knowledge, in the employee's personnel or contractor's file.			

Policies; personal needs funds	Section 16.622	5. Each program approved service agency providing residential services shall establish and implement written policies and procedures concerning the use and handling of the personal needs funds and personal possessions, including clothing, of the person receiving services as prescribed by the Department. 6. A person receiving services shall be presumed able to manage his/her own funds and possessions unless the Individualized Plan documents and justifies limitations to self management, and where appropriate, reflects a plan to increase this skill.			
Accounting	Section 16.245	E. A community centered board or a program approved service agency managing personal needs funds shall purchase and maintain a surety bond in an amount specified by the Department, or provide an irrevocable letter of credit in the same amount, made payable to the state, to protect the personal needs of the person receiving services.			
		(Silent)			

Accounting systems	Section 16.911 (EI)	2. Establish and maintain necessary cost accounting systems according to general accounting principles to properly record, and allocate separately, the revenue and expenses for federal Part C of the Individuals with Disabilities Education funds, state-funded Early Intervention Services, Medicaid funds and private health insurance funds that are billed through the Community Centered Board, local funds, and other funds used for the purchase of Early Intervention Services;			
Financial Records	Section 16.243	B. The community centered board or program approved service agency shall submit financial reports in a format and manner prescribed by the Department, including but not limited to, an annual financial statement prepared in accordance with generally accepted accounting principles and Departmental policies.			
Records; seeking services	Section 16.330	E. The records and all other documentation or correspondence concerning persons seeking or receiving services are the property of the agency which is responsible for maintaining and safeguarding their contents.			

Minimum information of determination of eligibility	Section 16.420	The community centered board shall have a written record of the determination of eligibility which, at a minimum, shall include: 1. The name of the applicant; 2. The date of birth; 3. The date of the determination of eligibility or ineligibility; 4. A statement as to the eligibility or ineligibility, and the rationale for the determination; 5. If eligible, the effective date of eligibility; and, 6. The name(s) of the person(s) and his/her title(s) involved in making the determination.			
Records; Address (confidentiality)	Section 16.331	A. Identifying information regulated by this rule is any information which could reasonably be expected to identify the person seeking or receiving services or their family or contact persons, including, but not limited to, name, Social Security number, Medicaid number, household number or any other identifying number or code, street address, and telephone number, photograph, or any distinguishing mark. Identifying numbers assigned and used internally within a single agency shall be excluded from this regulation.			
		(This information is also contained in CCMS and not covered in the rules)			
		(This information is also contained in CCMS and not covered in the rules)			
		(This information is also contained in CCMS and not covered in the rules)			

SIS Assessment	Section 16.653	1. The decision shall be made by a case management supervisor meeting the qualifications of a Developmental Disabilities Professional as defined in Section 16.120. He or she shall: a. Document the rationale to support the decision which shall be kept in the client's record			
Programs	Section 16.440	A. Under the coordination and direction of the community centered board or regional center, the Interdisciplinary Team (IDT) shall develop the Individualized Plan (IP).			
Record; medications	Section 16.612	F. For persons receiving services who are assisted in the administration of medications by a person other than a relative, the following is required: 1. A written record of medications, including time and the amount of medication, taken by the person; and, 2. Written orders by a licensed physician or dentist for all medications; and, 3. Documentation of the effects of psychotropic medications and any changes in medication; and, 4. The use of medication reminder boxes shall be pursuant to Section 25.1-107(1)(ee)(I.5) C.R.S.			
Record; medical information	Section 16.624 (IRSS)	5. Records shall contain documentation of: a. medical services provided; b. results of medical evaluations/ assessments and of follow-up services required, if any; c. acute illness and chronic medical problems; and, d. weight taken annually or more frequently, as needed.			
Record; hospitalization		(Silent)			

Record; other		(Silent)			
Record; other		(Silent)			
Medical Records	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
Personal Needs Funds	Section 16.245	E. A community centered board or a program approved service agency managing personal needs funds shall purchase and maintain a surety bond in an amount specified by the Department, or provide an irrevocable letter of credit in the same amount, made payable to the state, to protect the personal needs of the person receiving services.			
IP/ISSP	Section 16.440	3. Document decisions made through the interdisciplinary team planning process including, but not limited to, rights suspension, the existence of appropriate services and supports, the actions necessary for the plan to be achieved, including which services and supports will be addressed through the development of an Individual Service and Support Plan (ISSP). The services and supports funded by the Department to be provided shall be described in sufficient detail as to provide for a clear understanding by the service agency(ies) of expected responsibilities and performance;			

Photos	Section 16.331	A. Identifying information regulated by this rule is any information which could reasonably be expected to identify the person seeking or receiving services or their family or contact persons, including, but not limited to, name, Social Security number, Medicaid number, household number or any other identifying number or code, street address, and telephone number, photograph, or any distinguishing mark. Identifying numbers assigned and used internally within a single agency shall be excluded from this regulation.			
Physical; personality	Section 16.612	3. Documentation of the effects of psychotropic medications and any changes in medication			
Physical; weight	Section 16.624 (IRSS)	d. weight taken annually or more frequently, as needed.			
Physical; interventions	Section 16.624 (IRSS)	b. results of medical evaluations/ assessments and of follow-up services required, if any;			
Physical; medications	Section 16.550 + 16.612	4. The use of psychotropic medications and other medications used for the purpose of modifying a person's behavior by persons receiving comprehensive services and supports are used in accordance with the requirements of Section 16.623, D, 7 & 8, and are monitored by the Human Rights Committee on a regular basis. 2. Written orders by a licensed physician or dentist for all medications			

Physical; Death	Section 16.560	A. Community centered boards, service agencies and regional centers shall have a written policy and procedure for the timely reporting, recording and reviewing of incidents which shall include, but not be limited to 5. Death of person receiving services. C. Allegations of abuse, mistreatment neglect and exploitation, and injuries which require emergency medical treatment or result in hospitalization or death shall be reported immediately to the agency administrator or designee, and to the community centered board within 24 hours.			
Records	Section 16.210	a. In accordance with reporting requirements of the Department's data system, maintain and update records of persons determined to be eligible for services and supports and who are receiving case management services and have an Individualized Plan, but for whom other services and supports are unavailable or who require additional services or supports			
Records; available	Section 16.560	E. Records of incidents shall be made available to the community centered board, and the Department upon request. (Also specified in contract)			
Medical Records; definition		(Silent)			



Record Retention	Section 16.333	A. Records pertaining to persons seeking or receiving services shall be maintained in accordance with these rules and other federal and state regulations and accreditation standards. Where no superseding regulation or policy applies, records may be purged and destroyed per agency policy.			
Infectious Disease		(Silent)			
Infectious Disease		(Silent)			
TB screening		(Silent)			
General cleanliness	Section 16.624 (IRSS)	4. Homes of persons receiving services and supports shall, at minimum, meet HUD Section 8 Housing Quality Standards. 5. The home (exterior and interior) and grounds shall be maintained: a. In good repair, b. To protect the health, comfort and safety of persons receiving services; and, c. Free of offensive odors, accumulation of dirt, rubbish and dust.			

Policies for infection control		(Silent)			
Infection		(Silent)			
Infection		(Silent)			
Reporting disease		(Silent)			
Universal precautions		(Silent)			
Food		(Silent)			
Meals		(Silent)			
Diet	Section 16.624 (IRSS)	D. The program approved service agency shall provide sufficient support and guidance to ensure that persons receiving services have a nutritionally adequate diet. Decisions concerning the amount and type of support and guidance provided shall be based on an assessment of the person's capabilities and nutritional needs. 1. The program approved service agency shall regularly monitor the diets of persons receiving services to determine their nutritional adequacy. 2. Therapeutic diets shall be prescribed by a licensed physician.			

body weight and protein levels		(Silent)			
Diet manual		(Silent)			
Dietitian review	Section 16.624 (IRSS)	1. The program approved service agency shall regularly monitor the diets of persons receiving services to determine their nutritional adequacy. 2. Therapeutic diets shall be prescribed by a licensed physician.			
Records of meals for 30 days		(Silent)			
Meals for holidays and season		(Silent)			
Reasonable access to food-snacks available		(Silent)			
Assistance; generally	Section 16.440	3. Document decisions made through the interdisciplinary team planning process including, but not limited to, rights suspension, the existence of appropriate services and supports, the actions necessary for the plan to be achieved, including which services and supports will be addressed through the development of an Individual Service and Support Plan (ISSP). The services and supports funded by the Department to be provided shall be described in sufficient detail as to provide for a clear understanding by the service agency(ies) of expected responsibilities and performance			

Therapeutic Diets	Section 16.624 (IRSS)	1. The program approved service agency shall regularly monitor the diets of persons receiving services to determine their nutritional adequacy. 2. Therapeutic diets shall be prescribed by a licensed physician.			
All staff aware of allergies and special diet		(Silent)			
Therapeutic Diets		1. The program approved service agency shall regularly monitor the diets of persons receiving services to determine their nutritional adequacy. 2. Therapeutic diets shall be prescribed by a licensed physician.			
Medication-Definition		(Silent)			
Self-Administration Review	Section 16.246	F. All employees and contractors, not otherwise authorized by law to administer medication, who assist and/or monitor persons receiving services in the administration of medications or the filling of medication reminder systems shall have passed a competency evaluation approved by the Colorado Department of Public Health and Environment.			
Prescriptions Lawfully Labeled	Section 16.612	F. For persons receiving services who are assisted in the administration of medications by a person other than a relative, the following is required 2. Written orders by a licensed physician or dentist for all medications			

Physician Review of Medication	Section 16.624 (IRSS) + 16.623	2. Each person receiving services shall receive a medical evaluation at least annually unless a greater or lesser frequency is specified by his/her primary physician. If the physician specifies an annual evaluation is not needed, a medical evaluation shall be conducted no less frequently than every two years. 3. The drug regimen of each person receiving services on prescription medication shall be reviewed and evaluated by a licensed physician no less often than annually and more frequently if recommended by the physician or required by law.			
Distribution of Meds at Discharge		(Silent)			
P&P for Med. Procurement, Storage, etc.	Section 16.246 +16.623	F. All employees and contractors, not otherwise authorized by law to administer medication, who assist and/or monitor persons receiving services in the administration of medications or the filling of medication reminder systems shall have passed a competency evaluation approved by the Colorado Department of Public Health and Environment. 1. Each program approved service agency shall establish and implement written procedures for the appropriate procurement, storage, distribution and disposal of medications.			
Medication; safety	Section 16.623	a. All drugs shall be stored under proper conditions of temperature, light, and with regard for safety			

Med. Admin. Documentation	Section 16.623	c. A record shall be maintained of missing, destroyed or contaminated medications. 5. For persons receiving services who are not independent in the administration of their own medications the following shall be required. a. A written record of medications, including time and the amount of medication, taken by the person receiving services			
QMAP's in Group Homes		(Contained in separate TA document)			
QMAP's Restricted from ICF-MR		(Silent)			
Reporting of Med. Errors	Section 16.560	6. Errors in medication administration			
Med. Transport in Community		(Silent)			
Administrator Monitor Compliance with Med P&P		(Silent)			
Designated Med. Prep Area		(Silent)			

Storage in Med. Prep Area		(Silent)			
Cleaning Agents not Stored in Med. Prep Area		(Silent)			
Non-Prescription Meds	Section 16.623	D. The program approved service agency shall provide sufficient supports to persons receiving services in the use of prescription and non-prescription medications to protect the health and safety of persons receiving services. Decisions concerning the type and level of supports provided shall be based on the abilities and needs of the person receiving services as determined by assessment and shall be in compliance with these rules.			
Medications Maintained in Original Container	Section 16.623	b. Discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels shall be promptly disposed of in a safe manner			
Labeled with Res. Name		(Silent)			
Non-Prescription Drugs Purchased by Res.	Section 16.623	6. For persons receiving services who are independent in the administration of medications and who do not require monitoring each time medication is taken, the program approved service agency shall provide sufficient, at minimum quarterly, monitoring or review of medications to determine that medications are taken correctly.			
P&P for Medical/Health Services	Section 16.623	1. Each program approved service agency shall establish and implement written procedures for the appropriate procurement, storage, distribution and disposal of medications.			

Med. Tx & Diagnostic Svcs Provided Timely	Section 16.623	3. The drug regimen of each person receiving services on prescription medication shall be reviewed and evaluated by a licensed physician no less often than annually and more frequently if recommended by the physician or required by law.			
Primary MD to Coordinate Care	Section 16.623	8. Administration of psychotropic medications to a person receiving residential services and supports shall. Be authorized through a time-limited prescription of no more than ninety (90) days by a fully licensed physician and reviewed at least annually by a psychiatrist			
Dental every 2 years	Section 16.624 (IRSS)	3. Each person receiving services shall be encouraged and assisted in getting a dental evaluation at least annually.			
Other medical, dental, therapeutic follow up	Section 16.624 (IRSS)	4. Other medical and dental assessments and services shall be completed as the need for these is identified by the physician, dentist, other medical support personnel or the interdisciplinary team.			



Annual Medical Exam	Section 16.623	<p>A. Persons receiving comprehensive services and supports shall be assured of medical and dental services necessary to maintain the health of the person and to prevent further disability and shall have dentures, eyeglasses, hearing aids, braces and other aids or therapies as prescribed by an appropriate professional. C. The program approved service agency shall provide sufficient oversight and guidance and have established procedures to ensure that the health and medical needs of persons receiving services are addressed. The amount and type of guidance provided shall be directly related to an assessment of the person's capabilities. 2. Each person receiving services shall receive a medical evaluation at least annually unless a greater or lesser frequency is specified by his/her primary physician. If the physician specifies an annual evaluation is not needed, a medical evaluation shall be conducted no less frequently than every two years.</p>			
Provision of therapeutic & health services		(Silent)			

Training in therapeutic & health services	Section 16.623	C. Therapy assessments shall be completed as the need for these is identified by the interdisciplinary team and/or physician. Based on these assessments, therapies shall be provided to maintain the health of the person receiving services, to prevent further disability and whenever possible, to improve the overall functioning of the person receiving services. 1. Therapy programs shall be periodically reviewed by a professional therapist from the relevant specialty area.			
1/4ly monitoring of untrained staff		(Silent)			
Regular Review of W/C & Assistive Technology	Section 16.623	2. Persons receiving services who use wheelchairs and other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ascertain the continued applicability and fitness of those devices.			
Devices in Good Repair	Section 16.623	2. Persons receiving services who use wheelchairs and other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ascertain the continued applicability and fitness of those devices.			
Nursing Notification of Change of Condition		(Silent)			

P&P for Weight Monitoring	Section 16.624 (IRSS)	5. Records shall contain documentation of d. weight taken annually or more frequently, as needed.			
Weights Documented & Assessed	Section 16.624 (IRSS)	5. Records shall contain documentation of d. weight taken annually or more frequently, as needed.			
Notification Upon Weight Changes		(Silent)			
Emergency Equipment	Section 16.440	6. Identify a contingency plan for how necessary care for medical purposes will be provided in the event that the person's family or caregiver is unavailable due to an emergency situation or to unforeseen circumstances. "Medical purposes" refers to a medical condition that places the individual at risk of not surviving, and that requires the support of persons qualified to address the specific medical needs of the person receiving services. Such medical conditions include, but are not limited to b. Monitoring of medical equipment, such as a heart monitor			
Dentures, Glasses, Other Aids	Section 16.623	A. Persons receiving comprehensive services and supports shall be assured of medical and dental services necessary to maintain the health of the person and to prevent further disability and shall have dentures, eyeglasses, hearing aids, braces and other aids or therapies as prescribed by an appropriate professional.			
Equip/Supplies to Meet Needs	Section 16.623	B. Each program approved service agency shall have provisions for emergency medical care and procedures to be followed in rendering emergency medical care.			

Nursing, Special Care & Social Services	Section 16.230	4. Services are provided by a qualified professional in his/her professional discipline; for example, physical therapy and nursing.			
Sufficient nursing staff		(Silent)			
Change in condition, nursing monitoring		(Silent)			
Unlicensed staff demonstrate competency		(Silent)			
Catheter Care		(Silent)			
Ostomy Care		(Silent)			
Trach Care		(Silent)			
Breathing Treatments		(Silent)			
Oxygen Saturation Monitoring		(Silent)			
Blood Pressure Monitoring		(Silent)			
Skin Care		(Silent)			
Record of Specialized Care		(Silent)			

Specialized Care by Unlicensed Staff		(Silent)			
Specialized Care Monitoring		(Silent)			
Specialized Services Documented		(Silent)			
Social Services/Resource Coordination		(Silent)			
Social Svcs/Resource Coordination Provided		(Silent)			
Training for Gastrostomy Services	Section 16.800	Gastrostomy services shall not be provided by any person who is not otherwise authorized by law to administer gastrostomy services except under the supervision of a licensed nurse or physician pursuant to the requirements of these rules			
Gastrostomy Protocol	Section 16.800	A. An individual who is not authorized by law to administer gastrostomy services may administer gastrostomy services to an individual requiring gastrostomy services only if a licensed nurse or physician first1. Develops a written individualized protocol for the individual receiving gastrostomy services which is based on the individual's physician orders, meets the requirements of Section 16.800, E, and is updated each time that the physician's orders change for that individual's gastrostomy services			

Gastrostomy Protocol Inclusions	Section 16.800	E. An individualized protocol shall be maintained in the record of the individual receiving gastrostomy services for whom it is prepared and shall include at least the following: 1. The proper procedures for preparing, storing and administering gastrostomy services;			
Gastrostomy Protocol: Care & Maintenance	Section 16.800	2. The proper care and maintenance of the gastrostomy site, needed materials and equipment;			
Gastrostomy Protocol: Problems Identified	Section 16.800	3. The identification of possible problems associated with gastrostomy services; and,			
Gastrostomy Protocol: Contact Info	Section 16.800	4. A list of health professionals to contact in case of problems, including the physician of the individual receiving gastrostomy services and the licensed nurse(s) and/or physician(s) who are responsible for monitoring the unlicensed person(s) performing gastrostomy services pursuant to Section 16.800, C.			
Gastrostomy Services Training Documented	Section 16.800	G. The licensed nurse or physician who oversees the training given to an unlicensed person to perform gastrostomy services for the individual pursuant to Section 16.800, A, shall document in the record of such individual the following:			
Gastrostomy Services: Training Requirements	Section 16.800	1. The date or dates on which the training occurred;			
Gastrostomy Services Proficiency Documented	Section 16.800	2. The fact that, in the opinion of such licensed nurse or physician, the unlicensed individual has reached proficiency in performing all aspects of the individualized protocol referred to in Section 16.800, A, 1; and,			
Gastrostomy Services Training Signed	Section 16.800	3. The legible signature and title of such licensed nurse or physician.			

Gastrostomy Svcs Performed by Licensed Staff	Section 16.800	Performs gastrostomy services for each individual receiving such services at least once prior to the time that the unlicensed person provides any such services for that individual.			
Gastostomy Services for Several Residents	Section 16.800	2. Oversees training given to the unlicensed person and documents such training, as provided in Section 16.800, G, and directly observes the unlicensed person performing the gastrostomy services until such time as the unlicensed person reaches proficiency, which is defined as such person performing all aspects of the individualized protocol referred to above, at least three consecutive observations without error, and, B. For staff who are performing gastrostomy services for several individuals with similar protocols, the licensed nurse or physician overseeing their training may document their proficiency with less than three (3) observations for each individual receiving services. The alternative method for establishing proficiency of each staff shall be documented.			
Gastrostomy Svcs Oversight by Licensed Staff	Section 16.800	. A licensed nurse or physician shall monitor each unlicensed person who is performing gastrostomy services for an individual requiring such services pursuant to Section 16.800, A, to ensure that such unlicensed person is properly implementing the orders of the physician and the individualized protocol referred to in Section 16.800, A, on a quarterly basis during the first year and semi-annually thereafter, unless more frequent monitoring is required by the individualized protocol. Such monitoring shall be documented in the record of the individual receiving gastrostomy services.			

Gastrostomy Svcs Training for Protocol Chngs	Section 16.800	D. When changes are made in the physician's order for gastrostomy services and/or in the individual's protocol, the licensed nurse or physician overseeing the training shall determine the extent of training required to ensure that the unlicensed person(s) authorized to provide such services pursuant to Section 16.800, A, continues to be proficient in performing all aspects of gastrostomy services.			
Gastrostomy Protocol Annual Review	Section 16.800	F. A licensed physician shall review and approve the individualized protocol for each individual receiving gastrostomy services through a nasogastric tube. H. Notwithstanding anything contained in these regulations to the contrary, any person administering medication(s) through gastrostomy tubes shall be subject to the requirements of Section 25-1-107, C.R.S.			
Gastrostomy Svcs- Record of Fluids	Section 16.800	1. A written record of each nutrient or fluid administered;			
Gastrostomy Svcs - Times of Intake	Section 16.800	2. The beginning and ending time of the nutrient or fluid intake;			
Gastrostomy Svcs - Amount of Intake	Section 16.800	3. The amount of nutrient or fluid intake;			
Gastrostomy Svcs - Skin Condition Documented	Section 16.800	4. The condition of the skin surrounding the gastrostomy site;			
Gastrostomy Svcs- Problems Documented	Section 16.800	5. Any problem(s) encountered and action(s) taken; and,			
Gastrostomy Svcs- Staff Signature	Section 16.800	6. The date and signature of the person performing the procedure.			



Occurrence Reporting Compliance	Section 16.560	A. Community centered boards, service agencies and regional centers shall have a written policy and procedure for the timely reporting, recording and reviewing of incidents which shall include, but not be limited to			
Department Notification; relocation	Section 16.622	a. If an immediate move is required for the protection of the person, notification shall occur as soon as possible before the move or not later than three (3) days after the move.			
Voluntary Closure Requirements	Section 16.622	8. Persons receiving services, guardians, authorized representatives, as appropriate, and the community centered board shall be notified at least fifteen (15) days prior to proposed changes in residential placements.			
Closure Notice	Section 16.622 + 16.440	b. Persons receiving services, guardians, and authorized representatives, as appropriate, shall be involved in planning subsequent placements and any member of the interdisciplinary team may request a meeting to discuss the change in placement. B. There shall be at least ten (10) days written notice from the postmarked date given to all Interdisciplinary Team members prior to an Individualized Plan meeting unless waived by the person receiving services or guardian as necessary and desirable.			
Closure - Schedlue for Resident Moves		(Silent)			
Closure - Staffing Patterns		(Silent)			
Closure - Provisions		(Silent)			

Emergency Plan	Section 16.440	6. Identify a contingency plan for how necessary care for medical purposes will be provided in the event that the person's family or caregiver is unavailable due to an emergency situation or to unforeseen circumstances.			
Emergency Plan; general	Section 16.622 +16.624 (IRSS)	2. Persons receiving Comprehensive Habilitation Services and Supports shall have 24-hour supervision. Supervision may be on-site (staff is present) or accessible (agency personnel is not on site but available to respond when needed). Staffing arrangements must be adequate to ensure the health, safety and welfare of persons receiving services and the needs of the individual as determined by the Individualized Plan. 1. An assessment of each person's capability to take appropriate action in case of an emergency and to take care of safety needs shall be conducted upon enrollment into services and be maintained current. This assessment, at a minimum, shall address the following emergencies and disasters:			
Emergency; Weather	Section 16.624	b. Severe weather and other natural disasters;			
Emergency; Security	Section 16.624	e. Assaults; and, f. Intruders.			
Emergency Plan - Explosions		(Silent)			
Emergency Plan - Internal Failures		(Silent)			
Emergency Plan - Communicable Disease	Section 16.624	d. Serious accidents and illness;			
Emergency Plan - Arrangements	Section 16.624	2. There shall be a written plan for each person addressing how emergencies specified above will be handled. The plans shall be based on assessments, maintained current and shall, at minimum, address			

Emergency Plan - Notification		(Silent)			
Emergency Plan - Training w/in 7 Days		(Silent)			
Emergency Plan - Monthly Review		(Silent)			
Fire Drills & Mock Exercises	Section 16.630	B. The service agency shall conduct fire drills at least quarterly at each physical facility.			
Group Home - Compliance with NFPA	Section 16.625	C. Group Residential Services and Supports shall comply with the Colorado Department of Public Health and Environment Chapter VIII, Part 5 Rules and Regulations, in addition to these rules, and be licensed by the Colorado Department of Public Health and Environment.			
ICF - LSC Requirements		(Silent)			
ICF - Fire Safety Compliance		(Silent)			

ICF - Fire Safety Compliance		(Silent)			
Remodeling Requirements		(Silent)			
Health Care Occupancy Requirements		(Silent)			
Board & Care Remodeling Requirements		(Silent)			
Group Home Fire Safety Requirements		(Silent)			
Compliance with Chapt. 33 NFPA		(Silent)			
Compliance with Chapter 32		(Silent)			
Additional LSC Requirements		(Silent)			
Means of Egress		(Silent)			

Carbon Monoxide Detector		(Silent)			
Remodel of 25 Percent Floor Space		(Silent)			
LSC Provisions		(Silent)			
Differing Fire Standards		(Silent)			
Counting Story		(Silent)			
Separation of Licensed and Unlicensed		(Silent)			
Plan Review		(Silent)			
Fees for Multiple Buildings		(Silent)			

Plan Review: Licensure, Additions, Reloc.		(Silent)			
Initial License		(Silent)			
Additions		(Silent)			
Relocation		(Silent)			
Review Fees		(Silent)			
Fees		(Silent)			

Board and Care Fees		(Silent)			
Plan Review - Remodeling		(Silent)			
Alterations		(Silent)			
Wall Relocations		(Silent)			
Conversion of Existing Space		(Silent)			
Changes to Egress		(Silent)			

Sprinkler System Changes		(Silent)			
Fire Alarm System Changes		(Silent)			
Kitchen Hood Systems		(Silent)			
Electrical System		(Silent)			
Alterations that Restrict Egress		(Silent)			
Locking Devices		(Silent)			
Location of Locked Egress		(Silent)			
Fencing		(Silent)			
Resolving Issues		(Silent)			



Clean	Section 16.624 (IRSS)	The home (exterior and interior) and grounds shall be maintained a. In good repair, b. To protect the health, comfort and safety of persons receiving services; and, c. Free of offensive odors, accumulation of dirt, rubbish and dust.			
Environment - Safely Maintained		(Silent)			
Exterior Environment		The home (exterior and interior) and grounds shall be maintained			
Exterior Environment-Free of weeds, garbage		(Silent)			
Environment - prevention of hazards		(Silent)			
Environment - Porches and Staircases		(Silent)			
Compliance with Local Zoning		(Silent)			
Compliance with Local Plumbing Laws		(Silent)			

Compliance with Local Sewage Disposal		(Silent)			
Extension Cords/Multi-use Outlets		(Silent)			
Power Strips Permitted		(Silent)			
Power Strips with Breaker		(Silent)			
Power Strip - UL Label		(Silent)			
Power Strips Not Linked		(Silent)			
Power Strips with Extension Cords		(Silent)			
Power Strip with 6 or Less Receptacles		(Silent)			
Power Strip-One per Resident Room		(Silent)			
Heating Pads/Electric Blankets		(Silent)			
Electric/Space Heaters		(Silent)			
Waste Disposal/Combustibles		(Silent)			
Interior Free from Accumulations	Section 16.624 (IRSS)	8. Adequate and comfortable furnishings and adequate supplies shall be provided and maintained in good condition.			

Combustibles in Metal Containers		(Silent)			
Kerosene Heaters Prohibited		(Silent)			
Garbage Containers	Section 16.624 (IRSS)	c. Free of offensive odors, accumulation of dirt, rubbish and dust.			
Carts Used To Transport Refuse		(Silent)			
Incinerators		(Silent)			
Private Sewage Disposal Systems		(Silent)			
Exposed Sewer Lines		(Silent)			
Infestation & Hazardous Substances		(Silent)			
Free of Infestation		(Silent)			
Pest Control Program		(Silent)			

Hazardous materials stored safely		(Silent)			
Solutions and cleaning compound storage		(Silent)			
Heating, Lighting, Ventilation		(Silent)			
Heat, Light, Ventilation in Each Room		(Silent)			
Steps/Hallways Adequately Lit		(Silent)			
ICF-Nightlights		(Silent)			
Adequate Supply of Water		(Silent)			
Water temp of 110 degrees Fahrenheit		(Silent)			
Sufficient Hot Water During Peak Usage		(Silent)			
Wheelchair Access/Egress	Section 16.624 (IRSS)	. All areas of a home needing to be accessed by persons receiving services who use a wheelchair or other assistive technology devices shall be accessible. 10. The primary entry to the home of a person receiving services who utilizes a wheelchair or other assistive technology devices shall be accessible.			
Common Areas Sufficient		(Silent)			

Furnishings in Good Repair	Section 16.624 (IRSS)	8. Adequate and comfortable furnishings and adequate supplies shall be provided and maintained in good condition.			
Common Areas Accessible	Section 16.624 (IRSS)	9. All areas of a home needing to be accessed by persons receiving services who use a wheelchair or other assistive technology devices shall be accessible.			
Free Use of Common Areas		(Silent)			
Liquid Soap & Papertowels in Bathrooms		(Silent)			
Regularly Designated Bathroom	Section 16.624 (IRSS)	7. Bedrooms shall meet minimum space requirements (single 80 square feet, double 120 square feet). (Not applicable for studio apartments.)			
Bedroom Square Footage	Section 16.624 (IRSS)	7. Bedrooms shall meet minimum space requirements (single 80 square feet, double 120 square feet). (Not applicable for studio apartments.)			
Bedroom-Single Occupancy		(Silent)			
Bedroom-Double Occupancy		(Silent)			
Bedroom Square Footage Exclusions		(Silent)			
Bedroom Mattress		(Silent)			

Bedroom Furnishings to Meet Needs	Section 16.500	These agencies shall also actively work to make available to each person the patterns and conditions of everyday life, which are consistent with those of persons without disabilities, including jobs and homes to the maximum extent possible. All services and supports offered will be appropriate to the chronological age of the person and shall take individual preferences into consideration.			
Bedroom Storage/Closets		(Silent)			
Bedroom Window		(Silent)			
Bedroom-Ground Level		(Silent)			
Full Bathroom - Definition		(Silent)			
Number of Bathrooms		(Silent)			
Appropriate Toilet Facilities		(Silent)			
1 bathroom for every 4 residents		(Silent)			
Bathrooms - One per Level		(Silent)			

Bathroom Accessibility Criteria		(Silent)			
Bathroom Adjacent to Common Areas		(Silent)			
Bathrooms for Residents with Auxiliary Aids		(Silent)			
Bathroom Safety Features		(Silent)			
Non-skid surfaces on Bathtubs/Showers		(Silent)			
Grab Bars		(Silent)			
Toilet Seats		(Silent)			
Personal Hygiene and Care Items		(Silent)			
Housekeeping Services		(Silent)			
Laundry Services		(Silent)			
Laundry Equipment Compliant with Local Laws		(Silent)			
Laundry Area Separated from Resident Units		(Silent)			

Clothing Appropriately Laundered		(Silent)			
Soiled Laundry Processed Frequently		(Silent)			
Water Temperature for Laundry		(Silent)			
Linen Supply		(Silent)			
Linens Changed Weekly		(Silent)			
Maintenance Areas Separated		(Silent)			
Hook Strips		(Silent)			
Shelving		(Silent)			
Hand Washing Tools		(Silent)			
Waste Receptacle		(Silent)			



<b>Text</b>	
This section hereby incorporates the terms and provisions of the federally-approved HCBS-DD waiver.	
Program Approved Services Agency means a developmental disability service agency or a typical community service agency as defined in 2 CCR 503.1 16.000 et seq., that has received program approval to provide HCBS-DD waiver services	
GRSS means residential habilitation provided in group living environments of four to eight clients receiving services who live in a single residential setting, which is licensed by the CDPHE as a residential care facility or residential community home for persons with developmental disabilities and certified by the Operating Agency.	
Department means the Colorado Department of Health Care Policy and Financing, the single State Medicaid Agency	

DEVELOPMENTAL DISABILITY means a disability that is manifested before the person reaches twenty-two (22) years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. § 6000, *et seq.* , shall not apply.

Defines GRSS, IHSS and ICF

COMMUNITY CENTERED BOARD (CCB) means a private corporation, for profit or not for profit, which when designated pursuant to Section 27-10.5-105, C.R.S., provides case management services to clients with developmental disabilities, is authorized to determine eligibility of such clients within a specified geographical area, serves as the single point of entry for clients to receive services and supports under Section 27-10.5-101, C.R.S. *et seq.* , and provides authorized services and supports to such clients either directly or by purchasing such services and supports from service agencies.

INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR) means a publicly or privately operated facility that provides health and habilitation services to a client with mental retardation or related conditions

silent

CLIENT means an individual who has met long term care (LTC) eligibility requirements, is enrolled in and chooses to receive LTC services, and receives LTC services.

silent

silent

8.500.9.A A private or profit or not for profit agency or government agency shall meet the minimum provider qualifications as set forth in the HCBS Waiver and shall:

1. Conform to all state established standards for the specific services they provide under HCBS-DD,
  2. Maintain program approval and certification from the Operating Agency,
  3. Maintain and abide by all the terms of their Medicaid provider agreement with the Department and with all applicable rules and regulations set forth in 10 CCR 2505-10, Section 8.130,
  4. Discontinue services to a client only after documented efforts have been made to resolve the situation that triggers such discontinuation or refusal to provide services,
  5. Have written policies governing access to duplication and dissemination of information from the client's records in accordance with state statutes on confidentiality of information at § 25.5-1-116, C.R.S., as amended,
  6. When applicable, maintain the required licenses from the Colorado Department of Public Health and Environment, and
  7. Maintain client records to substantiate claims for reimbursement according to Medicaid standards.
8. HCBS-DD providers shall comply with:

2245439 a. All applicable provisions of Section 27-10.5, C.R.S. et seq, and all rules and regulations as set forth in 2 CCR 503-1, Section 16 et seq. ,

2245440 b. All federal program reviews and financial

silent

silent

silent

The department may deny or terminate an HCBS-DD Medicaid Provider Agreement when1. The provider is in violation of any applicable certification standard or provision of the provider agreement and does not adequately respond to a corrective action plan within the prescribed period of time. The termination shall follow procedures at 10 CCR 2505-10, Section 8.130 et seq.

2. A change of ownership occurs. A change in ownership shall constitute a voluntary and immediate termination of the existing provider agreement by the previous owner of the agency and the new owner must enter into a new provider agreement prior to being reimbursed for HCBS-DD services.

3. The provider or its owner has previously been involuntarily terminated from Medicaid participation as any type of Medicaid service provider.

4. The provider or its owner has abruptly closed, as any type of Medicaid provider, without proper prior client notification.

5. The provider fails to comply with requirements for submission of claims pursuant to 10 CCR 2505-10, Section 8.040.2 or after actions have been taken by the Department, the Medicaid Fraud Control Unit or their authorized agents to terminate any provider agreement or recover funds.

6. Emergency termination of any provider agreement shall be in accordance with the procedures at 10 CCR 2505-10, Section 8.050.

silent

silent

silent

silent

silent

silent

silent
silent
silent
silent
silent
silent

silent
silent
silent
silent
silent



silent
silent
silent
silent

silent
silent

silent
silent
silent
silent
silent

silent
silent
silent
silent
silent

silent
silent
silent
silent
silent
silent

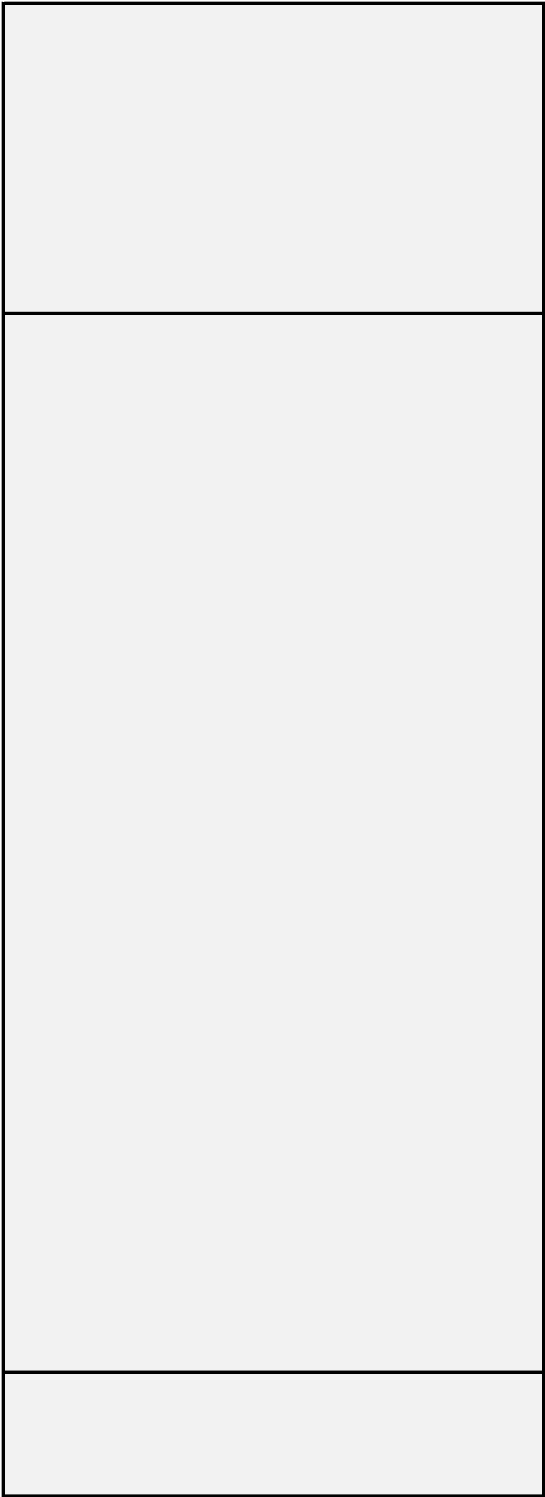
silent

silent

silent

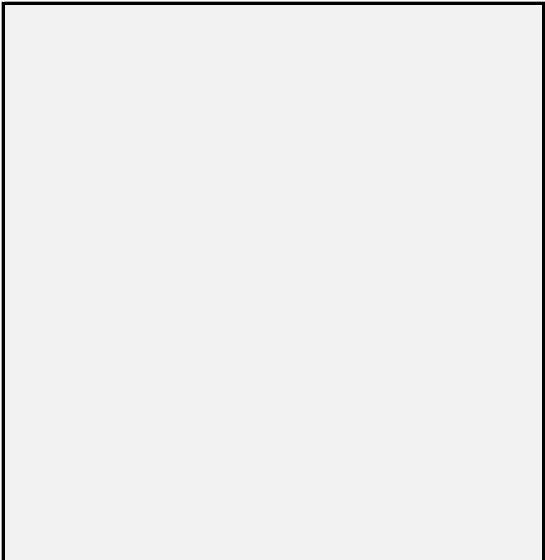
silent

silent
--------

Individual rights shall be in accordance with 27-10.5-101 C.R.S et seq.





silent

silent

silent
silent
silent
silent

silent

silent

silent

silent
silent
silent
silent

silent

silent

silent
--------

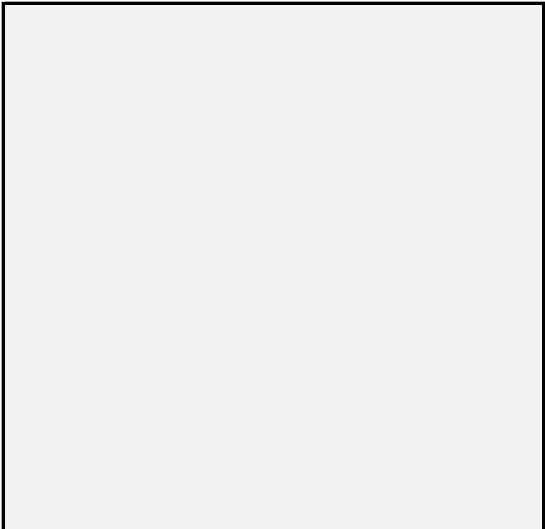
silent
--------

silent
--------

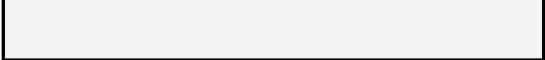
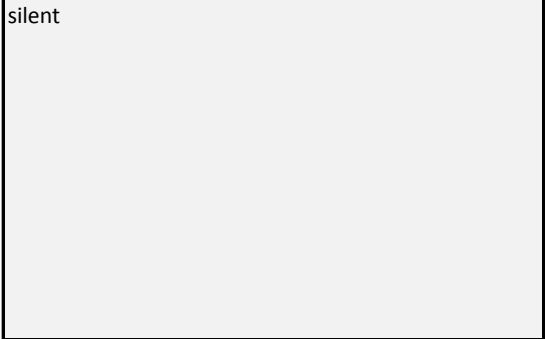
silent
--------

silent

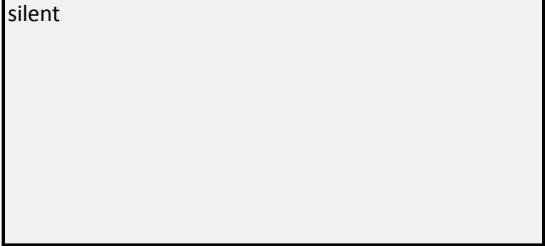
silent
silent



silent



silent



silent
silent



silent

silent

silent

silent

silent

silent
silent
silent
silent
silent
silent

silent
silent
silent
silent
silent
silent

silent
silent
silent
silent
silent

silent
silent
silent
silent
silent

silent

silent
--------

silent

silent

silent
--------

silent
--------

silent

silent

silent
--------

silent

silent

silent

silent

silent

silent
--------

silent
--------

silent

silent

silent

silent
--------

silent
--------

silent

silent

silent



silent
silent
silent
silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
silent
silent
silent

silent
silent

silent
silent
silent
silent
silent

silent
silent
silent
silent
silent
silent

silent

silent

silent

silent

silent

silent

silent
--------

silent

silent

silent

silent

silent

silent

silent
--------

silent



silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent

silent

silent
--------

silent

silent
--------

silent

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent

silent

silent
--------

silent
--------

silent

silent

silent

silent

silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent

silent

silent

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent
--------



silent

silent
--------

silent
--------

silent

silent

silent
--------

silent
--------

silent

silent
--------

silent
silent
silent
silent
silent
silent

silent

silent
--------

silent
--------

silent

silent
--------

silent

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent

silent
--------

silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent

silent
--------

silent

silent

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent

silent
--------

silent
--------



silent

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent
--------

silent
--------

silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent

silent

silent

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent
--------

silent

silent

silent

silent
--------

silent
--------

silent
--------

silent

silent
--------

silent

silent
--------